PLEASE ONLY COMPLETE **SECTION A** AND SUBMIT TO YOUR SCHOOL/COLLEGE OFFICE

**DO YOU HAVE A TIER 4 STUDENT STUDY VISA YES 🞏 NO 🞏**

**SECTION A (TO BE COMPLETED BY STUDENT)**

|  |  |
| --- | --- |
| STUDENT ID NO. |  |
| SURNAME |  |
| FIRST NAME |  |
| COURSE CODE |  |
| COURSE TITLE |  |
| COURSE START DATE |  |
| DEFERRAL DATE\* |  |

**\* PLEASE USE THE DATE A DEFERRAL IS BEING REQUESTED ON. DEFINITIVE DATE WILL BE DETERMINED BASED ON INFORMATION AVAILABLE FROM SWIPE, SAM, BLACKBOARD AND OTHER RELEVANT DATA SOURCES.**

**PLEASE COMPLETE YOUR REASON FOR DEFERRAL: (PLEASE ONLY SELECT ONE REASON)**

|  |  |
| --- | --- |
| HEALTH REASONS |  |
| FINANCIAL REASONS |  |
| OTHER PERSONAL REASON |  |
| UNAVOIDABLE ABSENCE FROM UWL E.G. REQUIREMENTS OF EMPLOYER |  |
| UNAVOIDABLE ABSENCE FROM DOMICILE E.G. EVICTION |  |
| MATERNITY LEAVE |  |
| OTHER (PLEASE SPECIFY BELOW) |  |

|  |
| --- |
|  |

**PLEASE MEET WITH YOUR COURSE LEADER TO AGREE YOUR RETURN DATE AND HAVE YOUR FORM SIGNED OFF BEFORE SUBMITTING TO YOUR SCHOOL/COLLEGE**

|  |  |
| --- | --- |
| EXPECTED AGREED RETURN DATE | RETURNING COHORT CODE |
|  |  |

COURSE LEADER’S NAME:

COURSE LEADER’S SIGNATURE: DATE:

**SECTION B (TO BE COMPLETED BY COMPLIANCE)**

IF THE STUDENT IS AN *OVERSEAS* (TIER 4 VISA) STUDENT PLEASE COMPLETE THE SECTION BELOW:

PLEASE SELECT ONE ACTIVITY TYPE LISTED 1-3 AND ONE REASON LISTED IN ALPHABETICAL ORDER

(DATA DEPARTMENT ARE NOT ABLE TO PROCESS THE FORM UNLESS THESE FIELDS ARE COMPLETED)

1. SPONSOR HAS STOPPED SPONSORING THE STUDENT (CIRCLE ONE)

|  |  |
| --- | --- |
| SPONSORSHIP WITHDRAWN: STUDENT HAS NOT ENROLLED |  |
| STUDENT HAS WITHDRAWN FROM STUDIES POST ENROLMENT |  |
| SPONSOR HAS EXCLUDED OR WITHDRAWN THE STUDENT FROM THE COURSE |  |
| COURSE HAS BEEN WITHDRAWN BY THE SPONSOR |  |
| THE STUDENT HAS DEFERRED THEIR STUDIES |  |
| COURSE IS COMPLETED EARLIER THAN EXPECTED |  |
| STUDENT HAS MOVED TO ANOTHER SPONSOR |  |
| INFORMATION RECEIVED THAT THE APPLICATION HAS BEEN REFUSED |  |

2. STUDENT IS DELAYED

|  |  |
| --- | --- |
| STUDENT ENROLMENT IS DELAYED; NEW DATE PROVIDED |  |

3. PREVIOUS NOTIFICATION WITHDRAWN

|  |  |
| --- | --- |
| PREVIOUS NOTIFICATION WITHDRAWN |  |

IF YOU HAVE TICKED ANY OF THE OPTIONS ABOVE PLEASE PROVIDE DETAILS BELOW:

|  |
| --- |
|  |

COMPLIANCE OFFICER’S NAME:

COMPLIANCE OFFICER’S SIGNATURE: DATE:

PBI UPDATED 🞏 SMS UPDATED 🞏 DATE:

**SECTION C (TO BE COMPLETED BY STUDENT) - STUDENT DECLARATION**

PLEASE COMPLETE THE BELOW BEFORE SUBMITTING THIS FORM TO YOUR SCHOOL/COLLEGE OFFICE

I HAVE FULLY UNDERSTOOD ALL THE IMPLICATIONS OF DEFERRING FROM MY STUDY (ACADEMIC, FINANCIAL AND VISA) AND I HAVE DISCUSSED THIS WITH STUDENT SERVICES.

I UNDERSTAND THAT I MAY DEFER, WITH THE FOLLOWING CONSEQUENCES:

* THE RESULT OF ANY MODULE THAT I HAVE COMPLETED (EITHER PASS OR FAIL) WILL BE RETAINED
* THE RESULT FOR ANY MODULE THAT HAS NOT BEEN COMPLETED (E.G. THE STUDENT HAS SUBMITTED TO ALL ELEMENTS OF ASSESSMENT, EXCEPT THE FINAL ELEMENT OF ASSESSMENT) WILL NOT BE RETAINED
* I WILL RE-ENROL ON THE MODULE ON MY RETURN, I WILL NOT BE CHARGED AGAIN FOR THE MODULE
* THE MODULE WILL NOT COUNT AS A RETAKE AND WILL NOT BE CAPPED
* IF I AM STUDYING ON A **TIER 4 STUDENT STUDY VISA** I WILL BE REQUIRED TO APPLY FOR A NEW CAS (Confirmation of Acceptance of Study) AND OBTAIN A NEW TIER 4 VISA TO BE ABLE TO RESUME MY STUDIES.

I ACKNOWLEDGE THAT I MUST RETURN ON THE EXPECTED AGREED RETURN DATE AND THAT IF I FAIL TO DO SO, THE UNIVERSITY MAY NOT PERMIT ME TO RETURN (SUBJECT TO PLACEMENT CAPACITY AND AVAILABILITY).

I GIVE PERMISSION, DURING MY DEFERRAL, TO BE CONTACTED VIA MY PERSONAL EMAIL ADDRESS IN ORDER TO RECEIVE IMPORTANT COURSE INFORMATION.

STUDENT’S NAME:

STUDENT’S SIGNATURE: DATE:

**SCHOOL OFFICE/COLLEGE TO COMPLETE THE BELOW**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RECEIVED |  |  | **SCHOOL STAMP** |
| DATE SENT TO COMPLIANCE TIER 4 ONLY |  | |  |
| DATE SENT TO DATA |  | |  |
| NAME |  | |
| ADMIN SIGNATURE |  | |
| ROOM NO. | EXT. | |

**SECTION D (TO BE COMPLETED BY UNIVERSITY DATA DEPARTMENT)**

|  |  |  |
| --- | --- | --- |
| DATE RECEIVED FROM COMPLIANCE TIER 4 ONLY |  | **DATA STAMP** |
| DATE ACTIONED ON UNIT-E |  |  |
| DATE COPY SENT TO FINANCE |  |  |
| DATE COPY SENT TO SCHOOL |  |
| DATE SLC NOTIFIED |  |