**INTERMISSION FORM**

This form must be completed by students studying for **Pearson BTEC HNC/D** at South Essex College who wish to interrupt their programme of studies. Students must consult their Programme Leader. *Once you have discussed your request with your Programme Leader, the signed form should be returned to Information Services at the Southend Campus in order to seek final approval.*Once completed this form can be scanned and emailed to heexaminations@southessex.ac.uk or. Once received an acknowledgement will be emailed to you.

**DEADLINES FOR INTERMITTING**

**Deadline for intermission requests is 22nd March 2019**

|  |  |
| --- | --- |
| **Current Academic Year** | 2018/19 |
| **Student ID No.** |  |
| **Full Name** |  |
| **Address for correspondence** |  |
| **Department** |  |
| **Programme of Study** |  |
| **Year of Study****(Please select/tick/circle)** | **FIRST / SECOND**  |
| What will be/was the last date you attended prescribed instruction (lectures, tutorials, classes etc)? |
| What is the main reason for your intermission? Please provide details below - you may prefer to attach an explanatory letter. (Please attach any necessary supporting documentation, where relevant) |
| When do you propose to return from your period of intermission? (Intermission is usually for one academic year with return being in September of the next academic year): |
| Are you intending to return to the same course and year of study? **YES / NO**If no, please give details: |
| Intermission requests must be discussed with the Programme Leader in your Department. It may also be helpful to talk to staff from Information Services heexaminations@southessex.ac.uk or Student Support hesupport@southessex.ac.uk Please indicate with whom you have discussed your situation: |
| **❒ Please tick this box if you would like any units which you have completed during this academic year to be considered at the examinations board in July?** Please note there are possible funding implications and also if these units have been affected by extenuating circumstances there may be implications; we recommend that you discuss this with Student Support services. Please provide unit code and unit titles of any units you would like the examinations board to consider: |
| **❒ Please tick this box if you would like permission to use library facilities during the period of intermission.**  **Please state the reason why here:**  |
| If you are an **international student** and have a UK Tier 4 Student Visa, it is very important that you are aware of the immigration rules and requirements that apply to you. Please visit <http://www.ukba.homeoffice.gov.uk/> Please ensure that you check what action you need to take and if you are able to remain in the UK. If you are currently sponsored under a Tier 4 Student Visa the College will report changes in your planned study to the UK Border Agency. **❒ Please tick this box to confirm that you have read and understood the immigration conditions.**  |

**CONSENT FOR THE RELEASE OF INFORMATION – HOME/EU STUDENTS WITH STUDENT FINANCE ENGLAND**

Providers are required to inform Student Finance England when students leave their programme of study either temporarily or permanently. In order for the LA or the DfES to assess your entitlement to repeat funding they need to be informed about extenuating circumstances which have affected your studies this year.

We will not pass on any personal information without your consent. However you should be aware that if you choose not to give your consent your LA may not be able to assess your eligibility to receive fee support for repeat periods of study.

**I hereby agree to the College holding the personal data provided by myself on this form, for the purposes of processing my application only, and in accordance with the College’s notification under the 2018 Data Protection Act.**

I **DO/DO NOT** give consent for personal information to be passed to the LA/DfES.

**Date Signed**

**INTERMISSION – APPROVAL BY DEPARTMENT/PROGRAMME LEADER**

Name

Signature

Date

**Please ask your department to sign this form. When fully completed and signed please return to** **heexaminations@southessex.ac.uk**

**DEPARTMENT CONTACTS**

|  |  |
| --- | --- |
| **15-16 Programmes** | **Programme Leader** |
| 40079 HNC Construction & Built Environment | Richard AbiodunRichard.Abiodun@southessex.ac.uk |
| 35147 HNC General Engineering | Sukanta MaitraSukanta.maitra@southessex.ac.uk |
| 4B22 HND Performing Arts (Performance) Dance | Lucy HealeLucy.heale@southessex.ac.uk |
| H882 HND Performing Arts (Performance) Acting | Vanessa DunleyVanessa.dunley@southessex.ac.uk |

**Faculty of he TEAM USE ONLY**

**APPROVAL BY Dean of HIGHER EDUCATION**

Name:

Signature:

Date:

**information services manger (he)**

**Check whether the student can complete within maximum period for award.**

**Are there grounds for extending the maximum period? YES/NO**

**Signature**

**Date**

**Condition Imposed for Return/Reason:** ………………………………………………………………………………………….

**If student has CAS report to UKBA within 10 days YES/NO**

.