**Please note:** This is an online process, however, if a different format is required please email StuRecords@chi.ac.uk

**Visit the online Student Handbook via ChiView for further guidance.**

Application for intermission

**Before applying for intermission please read our guidance here:** <https://ipps.chi.ac.uk/services/handbooks/student/ContentDetails.cfm?Subject=INTERMISSION>

All personal data is processed in accordance with current data protection legislation and the University’s Privacy Standard. For more information visit our website: [**https://www.chi.ac.uk/about-us/policies-and-statements/data-protection**](https://www.chi.ac.uk/about-us/policies-and-statements/data-protection)

In advance of completing this form we strongly advise you to speak to a Student Wellbeing Adviser and your Academic Adviser or Programme Co-ordinator. A range of information, advice and counselling services are available and you may find support that can make a real difference to your current situation. **PLEASE NOTE: There may be financial implications arising from your decision. Retrospective Intermission will only be approved in exceptional circumstances, with supporting documentary evidence, by the Deputy Vice-Chancellor (Student Experience).**

**Wellbeing Services:** email: [Wellbeing@chi.ac.uk](mailto:Wellbeing@chi.ac.uk)

**Student Careers and Employability Centre:** email: [Careers@chi.ac.uk](mailto:Careers@chi.ac.uk)

**Student Money Advice Service:** email: [Studentmoney@chi.ac.uk](mailto:Studentmoney@chi.ac.uk)

**Student Health Service:** email: [Studenthealth@chi.ac.uk](mailto:Studenthealth@chi.ac.uk)

**SECTION A: TO BE COMPLETED BY STUDENT**

Name of student:

Student number:

Title of programme:

Year/level of study:

Home address and postcode: (This should be the address at which you can be contacted during your Intermission)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mode of attendance:** Full-time q Part-time q

I wish to apply for intermission:

From: Semester/Term \_\_\_\_\_ 20\_\_\_\_ Returning: Semester/Term \_\_\_\_\_ 20\_\_\_\_

**For the following reasons:**

Family q Financial q Health q Work q Personal q Other q

**Last date of attendance at University of Chichester:**

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ (This date will be verified by your programme and is the date that will be used by the Finance Department for invoicing purposes)

I confirm that I will return all library materials/media equipment/other equipment on loan to me q

**I understand that if this intermission is approved I will need to re-register on my programme upon my return to the University and that also upon my return the Regulations of the University in force at that time, will apply.**

**By clicking the submission button below, your request for intermission will be processed by Academic Registry, in liaison with relevant University departments, including Student Support & Wellbeing. You will receive a formal email response from Academic Registry in due course*.***

**SUBMIT**

***[End of section to be completed by student/degree apprentice]***

**Section B: to be completed by the Academic Adviser (or equivalent) normally within 2 weeks of the date of receipt (depending upon start date of proposed intermission), noting that there may be financial implications for the student.**

**Important guidance for Academic Advisers (or equivalent):**

* **Please discuss this intermission request with the applicable Programme Co-ordinator.**
* **Ensure that you liaise with Student Support & Wellbeing, as appropriate, before completing this section.**
* **If the individual is a degree apprentice you will also need to liaise with Degree Apprenticeship Office to ensure employer involvement.**
* **Where an intermission is approved with conditions an Action Plan will need to be agreed with the student/degree apprentice (refer to Role of Academic Adviser Booklet:** [**https://help.chi.ac.uk/academic-adviser-student-support-information**](https://help.chi.ac.uk/academic-adviser-student-support-information)
* **Once you have completed this form please return to Academic Registry (Student Records). If intermission is approved and conditions apply Academic Registry will contact the Academic Adviser and Retention Officer 3 months before the period of intermission is due to end, to confirm that the student/degree apprentice is on track to return.**

**I have followed the guidance above and also discussed this with the applicable Programme Co-ordinator/Head of Department/Director of Institute before reaching the recommendation below.**

I recommend that this intermission request is:

q Approved without conditions

q Approved with conditions recorded on separate Action Plan

q Is an enforced intermission with conditions recorded on separate Action Plan

q Is not approved; no further action required by Academic Registry

**For retrospective intermission, I confirm that (tick if applicable):**

q A fee waiver is requested

q Documentary evidence to support fee waiver is attached.

**Note**: If you have ticked the above boxes for retrospective intermission **Academic Registry** will submit to DVC (Student Experience) for approval and completion of **Section D** below.

**In making a recommendation for intermission I confirm that there will be appropriate modules for the student to return to.**

**Signature: Name:**

**Date:**

**Section C: to be completed by Head of Department or Director of Institute**

**Note: Where this is a joint programme both applicable departments should provide signatures.**

**I confirm that that the intermission process has been followed and is formally approved, (including Action Plan where appropriate) and note that there will be appropriate modules for the student to return to:**

**Signature: Name:**

**Date:**

**[and second signature if required for joint programme:]**

**Signature: Name:**

**Date:**

**Note: for degree apprentices employer signature also required:**

**Employer company name:**

**Signature Name:**

**Role: Date:**

**Section D: only to be completed by Deputy Vice-Chancellor (Student Experience) if the intermission is retrospective and accompanied by a request to waive fees, with supporting documentary evidence.**

**Date of intermission:**

**From: To:**

1. **I authorise fees for this period to be waived**
2. **I have seen supporting documentary evidence**

**Deputy Vice-Chancellor (Student Experience):**

**Signed: Dated:**

**For Office use only**

**SRS updated** q  **SLC informed** q **CiR emailed** q **Visa check** q