

Intermission of Study Application Form

If you seek a period of intermission you are strongly advised to check the financial consequences with your sponsors. It is very important that your sponsor is consulted. Please note that if you have not had permission to intermit, your fees will not be adjusted, and you will be charged full fees for accommodation and tuition.

Part I - to be completed by student: (all sections must be completed)

1) Surname (Family Name)		Forenames		Title
2) Contact Address				
3) Student ID	4) Current Stage	5) Course	6) KMMS email address	
9) Please indicate your last date of attendance at classes and the period for which you wish to intermit i.e. 1 whole academic year				
Intermission is normally granted for a complete academic year,				
Last date of attendance: Period of intermission:				
10) Statement of reasons for application for intermission (continue on an attached piece of paper if necessary or download electronically and expand). You should provide evidence of your need to intermit. A supporting statement from your doctor is required if you need to intermit for medical reasons.				
Please delete as appropriate:				
A) PERSONAL	B) FINANCIAL	C) MEDICAL	D) INTERCALATION YEAR	
Statement:				
11) I have provided all of the required documents and confirm the information I have provided is complete and true. I understand that you will use the information provided to process my request. My application, including the documents submitted, may be seen by a small number of people within the School in order to assess the application. The School may take steps to verify the authenticity of evidence submitted. I understand that if I am sponsored as a Tier 4 student and I intermit from my studies for longer than 60 days or fewer than 60 days, but will not be able to complete my programme of study within my current grant of leave, then the School has a duty to report the intermission to UK Visas and Immigration and I will have to make arrangements to leave the UK.				
Signature:			Date:	

Part II - To be completed by PAT, Head of Year & Programme Director

12) PAT comments

13) Head of Year Comments

14) Programme Director Name and Signature

Please delete as appropriate:

I DO/DO NOT RECOMMEND INTERMISSION GRANTED FOR PERIOD BELOW (e.g. 1 academic year)

from

to return

Name:

Signature:

Date:

This form should be returned to Curriculum and Assessment team via curriculum@kmms.ac.uk It is the applicant's responsibility to ensure that this form is submitted in good time and that you are aware of the school's [intermission procedures](#).