Students should use this form to request to repeat the full academic year. This form must be completed and submitted before the last working day in September.

If a repeat year is granted, any credits already gained during the period being repeated are disregarded for the purposes of the degree you are undertaking, and cannot be carried forward.

**All decisions will be made by the Student Progress Committee.**

|  |  |
| --- | --- |
| **Personal Details** | |
| **Full name** |  |
| **Student number** |  |
| **Date of birth** |  |

|  |  |
| --- | --- |
| **Course Details** | |
| **Course Title** |  |
| **Course code** |  |
| **Year of study** |  |

|  |  |
| --- | --- |
| **Attendance Details** | |
| **Last date of attendance** |  |
| **Date will return to studies** |  |

**Reasons for request**

Please fully describe the circumstances that have affected you and the impact they have had on your studies. Please also indicate whether you have sought help from the University either from your department such as extensions, mitigation etc. or from any support services such as the Student Wellbeing Team

|  |  |
| --- | --- |
| **Evidence** | |
| What evidence of your circumstances are you including to support your request: | **Please Tick** |
| Doctor/Hospital Letter  (Including GP/Medical Evidence Form – available on the University website) |  |
| Prescription/Evidence of Medication |  |
| Therapy/Counselling Letter |  |
| Other 3rd Party supporting letter (including family, employers, police etc.)  Please state: |  |

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| **Student Signature** |
|  |

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| **Supporting Statement from Collaborative Partner** |
|  |
| **Name:** |

|  |  |
| --- | --- |
| **University Use Only** | |
| **Secretary of SPC Comments** |  |
| **Decision** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **University Use Only** | |
| **Chair of SPC Comments** |  |
| **Decision** |  |
| **Conditions of approval** |  |
| **Date** |  |