



Application for Deferral

CLOSING DATE FOR RECEIPT OF DEFERRAL OF ACADEMIC YEAR IS 28th OCTOBER 2022 AS PER ACADEMIC CALENDAR

Please refer to the [Guidelines on Deferral for Research Students](#) prior to submission of the application

On completion, this form should be returned to Student Enrolment in the Registry. All required sections and signatures must be populated prior to submission of the application.

A. CANDIDATE DETAILS *(To be completed by Candidate)*

Name of Candidate			
Student ID Number			
Phone/Mobile Number			
Date of Entry into the Research Programme		Current Registration Mode (please tick as appropriate)	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Title of Award Sought (please tick as appropriate)	PhD <input type="checkbox"/> DProfElite <input type="checkbox"/> MEd <input type="checkbox"/>	EdD <input type="checkbox"/> MPhil <input type="checkbox"/> MEng <input type="checkbox"/>	DBA <input type="checkbox"/> MA <input type="checkbox"/> MSc <input type="checkbox"/> DPsych <input type="checkbox"/> MBS <input type="checkbox"/> LLM <input type="checkbox"/>
School			
Supervisor(s)	Principal/ Joint Principals	Secondary Internal (where relevant)	Secondary External (where relevant)

B. DETAILS OF DEFERRAL REQUEST *(To be completed by Candidate)*

Please indicate below whether this request relates to a full academic year or Semester

Year of study to be deferred	Semester to be deferred
Year 1 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other Year (please indicate) _____	Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/>
Please state briefly, your reason for requesting deferral of place:	

C. STUDENT DECLARATION *(To be completed by Candidate)*

I hereby request that my place on the above programme, at the requested stage be deferred.		
My expected date of return is (Month/Year): _____		
Sign: _____ Postgraduate Candidate	Print: _____	Date: _____



D. PRINCIPAL SUPERVISOR(S) AND HEAD OF SCHOOL AGREEMENT

Both Principal Supervisor(s) and Head of School (or nominee) must indicate their support for the student's registration to be deferred by signing below:

Sign: _____ Print: _____ Date: _____
Principal Supervisor(s)

Sign: _____ Print: _____ Date: _____
Head of School or Nominee (A Nominee may be the Research Convenor or Deputy Head)

Countersignature*: _____ Print: _____ Date: _____

*Where the Principal Supervisor is also the Head of School, a countersignature is required.

Note: Insert additional signature lines if required and identify the role of that person.

E. SCHOLARSHIP/GRANT

Are you in receipt of a Scholarship / Grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details below:		
Deferral requests for those in receipt of a Scholarship/Grant must be signed by the Graduate Studies Office (GSO) before being submitted to the Registry:		
Sign: _____ GSO Scholarship Administrator	Print: _____	Date: _____

F. FOR NON-EU STUDENTS ONLY

Do you have Student Visa? (please tick as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please note that the basis of your Student Visa will not apply in the period of deferral as you will not have an active registration with DCU.		
It is your responsibility to meet the requirements of your Student Visa at all times.		

Data Protection Notice: Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Notice, which can be viewed at the following website address: <https://www.dcu.ie/registry/data-protection-notice.shtml>