

**Guidance & Instructions for Completion of Form**

- Please refer to the [Guidelines on Suspension of Study for Research Students](#) prior to submission of the application. This includes information on eligibility, supporting documentation required, fee liability, use of university facilities and resuming your studies on return from the suspended time.
- All applications must be accompanied by supporting documentation.**
- Completed application forms must be submitted to [curriculum@dcu.ie](mailto:curriculum@dcu.ie) in the Registry. All required sections and signatures must be populated prior to submission.

**Closing Dates**

- Full academic year suspension of study or six months in first half of year is **27<sup>th</sup> October 2023**.
- Six months in second half of year is **2<sup>nd</sup> February 2024**.

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

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

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

<b>Year of study to be suspended:</b>	Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other Year (please indicate) _____	
<b>Length of suspension of study:</b>	Full academic year (twelve months) <input type="checkbox"/>	Half year (six months) <input type="checkbox"/>
<b>If length of suspension of study indicated is half year, please specify start date and expected return date:</b> (Use format DD/MM/YYYY e.g. 01/09/2023)	<b>Start Date</b>	<b>Expected Return Date</b>
<b>Please state briefly, your reason(s) for the application ensuring that they comply with those stated in the <a href="#">published guidelines</a>:</b>		

<b>C. SCHOLARSHIP/GRANT</b> <i>(To be completed by Candidate &amp; GSO)</i>		
<b>Are you in receipt of a Scholarship / Grant?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please provide details:</b>		
For those in receipt of a Scholarship/Grant, applications for suspension of study must be signed by the Graduate Studies Office (GSO) before being submitted to the Registry:		
Sign: _____ Print: _____ Date: _____ <b>GSO Scholarship Administrator</b>		
<b>D. STUDENT VISA</b> <i>(To be completed by Candidate)</i>		
Please note that the basis of your student visa will not apply in the period of suspension of study 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.		
<b>Do you have Student Visa?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>E. STUDENT DECLARATION</b> <i>(To be completed by Candidate)</i>		
Please indicate that the above information is accurate and demonstrate acknowledgement of the declarations below by populating your signature:		
<p>(i) I confirm that the required supporting documentation has been attached.</p> <p>(ii) I confirm that I am aware of any fee liability that may be due.</p> <p>(iii) I hereby request a <a href="#">suspension of study</a>, for the period indicated, on the above programme.</p>		
Sign: _____ Print: _____ Date: _____ <b>Postgraduate Candidate</b>		
<b>F. PRINCIPAL SUPERVISOR(S) AND HEAD OF SCHOOL AGREEMENT</b>		
Both Principal Supervisor(s) and Head of School (or nominee) must indicate their support for the student's registration to be suspended by signing below.		
<i>Note: Insert additional signature lines if required and identify the role of that person.</i>		
Sign: _____ Print: _____ Date: _____ <b>Principal Supervisor</b>		
Sign: _____ Print: _____ Date: _____ <b>Head of School or Nominee</b> (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.		