

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 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 **27th October 2023**.
- Six months in second half of year is **2nd February 2024**.

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

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

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

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

C. SCHOLARSHIP/GRANT <i>(To be completed by Candidate & GSO)</i>	
Are you in receipt of a Scholarship / Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
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: _____ GSO Scholarship Administrator	
D. STUDENT VISA <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.	
Do you have Student Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. STUDENT DECLARATION <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:	
(i) I confirm that the required supporting documentation has been attached.	
(ii) I confirm that I am aware of any fee liability that may be due.	
(iii) I hereby request a suspension of study , for the period indicated, on the above programme.	
Sign: _____ Print: _____ Date: _____ Postgraduate Candidate	
F. 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.	
In the case of an EdD Candidate, the Programme Chair must also indicate agreement by signing below.	
Sign: _____ Print: _____ Date: _____ Principal Supervisor	
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.	
Sign: _____ Print: _____ Date: _____ EdD Programme Chair (In the case of an EdD application, the Programme Chair must also indicate agreement)	
Note: Insert additional signature lines if required and identify the role of that person.	

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>