



# CURRENT ACADEMIC YEAR 2021/2022

**Application for Deferral**  
CLOSING DATE FOR RECEIPT OF DEFERRAL OF ACADEMIC YEAR IS 29<sup>th</sup> OCTOBER 2021  
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)*

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

## 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"/><br>Year 2 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 6 <input type="checkbox"/> | Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> |
| Other Year (please indicate) _____   |   |
| <b>Please state briefly, your reason for requesting deferral of place:</b>   |   |
|  |   |

## 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: \_\_\_\_\_                      Print: \_\_\_\_\_                      Date: \_\_\_\_\_

**Postgraduate Candidate**



### CURRENT ACADEMIC YEAR 2021/2022

#### 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

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>Are you in receipt of a Scholarship / Grant?</b>   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>If yes, please provide details below:</b>  |                                     |                                    |
|   |                                     |                                    |
| 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: _____   | Print: _____                        | Date: _____                        |
| <b>GSO Scholarship Administrator</b>  |                                     |                                    |

#### F. FOR NON-EU STUDENTS ONLY (To be completed by the International Office)

Deferral requests for Non-EU Students must be signed by the International Office before being submitted to the Registry:

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
**International Office Representative**

International office Stamp:



**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>