

### Guidance & Instructions for Completion of Form

- Please refer to the [Guidelines on Deferral for Research Students](#) prior to submission of the application. This includes information on fee liability, use of university facilities and resuming your studies on return from deferral.
- Completed application forms must be submitted to [registrations@dcu.ie](mailto:registrations@dcu.ie) in the Registry. All required sections and signatures must be populated prior to submission.

### Closing Dates

- Full academic year deferral 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"/>	DBA <input type="checkbox"/>	DProfElite <input type="checkbox"/> DPsych <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"/>
<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 DEFERRAL REQUEST *(To be completed by Candidate)*

<b>Year of study to be deferred</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 deferral</b>	Full academic year (twelve months) <input type="checkbox"/> Half Year (six months) <input type="checkbox"/>
<b>If length of deferral 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>	
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>	
<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 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.	
<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>	
(i) I confirm that I am aware of any fee liability that may be due.	
(ii) I hereby request a <a href="#">deferral</a> , for the period indicated, on the above programme.	
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 deferred by signing below.	
In the case of an EdD Candidate, the Programme Chair must also indicate agreement by signing below.	
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.	
Sign: _____ Print: _____ Date: _____ <b>EdD Programme Chair</b> (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>