

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.
- For funded students**, the Graduate Studies Office should be notified prior to the student seeking a deferral from the University. Students who defer do not receive a stipend during this period, as **stipends are paid only during active registration**.
- Completed application forms must be submitted to registrations@dcu.ie in the Registry. All required sections and signatures must be populated prior to submission.

Closing Dates¹

- Full academic year deferral or six months in first half of year is **25th October 2024**.
- Six months in second half of year is **7th February 2025**.

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"/> 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"/>		
School ²			
Supervisor(s)	Principal/ Joint Principals	Secondary Internal (where relevant)	Secondary External (where relevant)

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

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

¹ Late applications may be considered in exceptional cases where a student was adversely affected by illness or other factors, which they were unable or, for valid reasons, unwilling to divulge.

² EdD registration sits at Faculty level, please list DCU Institute of Education where this is applicable.

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:		
Deferral requests for those in receipt of a Scholarship/Grant must be signed and stamped by the Graduate Studies Office (GSO) before being submitted to the Registry:		
Sign: _____ GSO Scholarship Administrator Print: _____ Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
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 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.		
Do you have Student Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. STUDENT DECLARATION <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 deferral , 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>