

CURRENT ACADEMIC YEAR 2018 / 2019

Application for Deferral

CLOSING DATE FOR RECEIPT OF DEFERRAL OF ACADEMIC YEAR IS 19th OCTOBER 2018 AS PER ACADEMIC CALENDAR

Please refer to the *Guidelines on Deferral for Research Students* at the following link, prior to submission of the application http://www.dcu.ie/registry/regulations/postgraduate-regulations.shtml.

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*)

	Name of Candidate					
	Student ID Number					
	Phone/Mobile Number					
	Date of Entry into the Research Programme		Current Registration Mode (please tick as appropriate)	Full-time		
	Title of Award Sought (please tick as appropriate)	PhD	DBA DPsych	MPhil MSc LLM		
	School					
	Supervisor(s)	Principal/ Joint Principals	Secondary Internal (where relevant)	Secondary External (where relevant)		
	Supervisor(s)					
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					
	Year of study to be	deferred	Semester to b	e deferred		
	Year of study to be Year 1 Year 3 Year 2 Year 4	Year 5	Semester to b	Semester 2		
	Year 1 Year 3	Year 5	_	_		
	Year 1 Year 3 Year 2 Year 4 C	Year 5	Semester 1	_		
	Year 1 Year 3 Year 2 Year 4 Other Year (please indicate)_	Year 5	Semester 1	_		
c.	Year 1 Year 3 Year 2 Year 4 Other Year (please indicate)_	Year 5	Semester 1	_		
c.	Year 1 Year 3 Year 2 Year 4 Other Year (please indicate) Please state briefly, your reas	Year 5 Year 6 Year 6 On for requesting defermance be completed by Candidate	Semester 1	Semester 2		
c.	Year 1 Year 3 Year 4 Other Year (please indicate) Please state briefly, your reas	Year 5 Year 6 On for requesting defermance be completed by Candidate on the above programm	Semester 1	Semester 2		
c.	Year 1 Year 3 Year 4 Other Year (please indicate) Please state briefly, your reas STUDENT DECLARATION (To	Year 5 Year 6 Year 6 On for requesting defermance on the above programm Month/Year):	Semester 1	Semester 2		

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D. PRINCIPAL SUPERVISO	IN(3) AND HEAD OF SCHOOL	OL7 (OKELIVILITI			
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	A Nominee may be the Research	n Convenor or Deputy He	ead)		
			_		
Countersignature*:	Print:	-	Date:		
*Where the Principal Supervis	or is also the Head of School, a	countersignature is requ	ired.		
Note: Insert additional signatu	ura lines if required and identify	the role of that norsen			
Note. Ilisert additional signatu	re lines if required and identify	the role of that person.			
E. SCHOLARSHIP/GRANT					
Are you in receipt of a Sch	olarship / Grant?	Yes 🗖	No 🗖		
If yes, please provide deta	ils below:				
Deferral requests for thos	e in receipt of a Scholarshir	o/Grant must be signe	ed by the Graduate Studies Office		
(GSO) before being submit		o, o. a act ac o.g			
(300, 20.0.0 208 30					
Sign:	Print:		Date:		
GSO Scholarship Administrat					
•					
F. FOR NON-EU STUDEN	FS ONLY (To be completed by	the International Office)			
			fice before being submitted to the		
Registry:		,	8		
Sign:	Print:		Date:		
International Office Represen					
<u> </u>					
International office Stamp:					
International office Stamp:					
International office Stamp:					
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International office Stamp:					
International office Stamp:					
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 Policy, which can be viewed at the following website address: https://www.dcu.ie/sites/default/files/policy/25_-_data_privacy_policy_v3.pdf

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