

3. PROPOSED DURATION OF DEFERRAL	
Please note that the maximum period of deferral allowed is 12 months only.	
Start date	
End date	
Total duration	

4. I confirm that I have discussed my request for deferral with my Programme Leader.	
SIGNATURE*	DATE

*Please type your name above. The University will consider the receipt of this form electronically, from your QMU student email, as being equivalent to a signature. Any email correspondence about your request will be sent to your QMU student email account.

Please submit the completed form by email from your QMU student email to thinkingofleaving@qmu.ac.uk

REMEMBER THAT YOU MUST FIRST SAVE A COPY OF THIS FORM ON YOUR COMPUTER BEFORE FILLING IT IN. ONCE YOU HAVE COMPLETED THE FORM ELECTRONICALLY, PLEASE SAVE A COPY WITH YOUR NAME IN THE TITLE, AND EMAIL IT AS AN ATTACHMENT FROM YOUR QMU STUDENT ACCOUNT TO WKLQNLQJRIOHDYLQJ#TPX

Section B - To be completed by the Programme Leader

This form should be typed and submitted electronically to thinkingofleaving@qmu.ac.uk

1. PROGRAMME
LEADER \$ NAME

The Thinking of Leaving Team will notify the student of the outcome of this request. A copy of the form will be sent to the relevant department e.g. the relevant department

For use by the Thinking of Leaving team

Sent to Programme Leader	
Returned to TOL by Programme Leader	
Student notified of outcome	
School Office notified of outcome	
Other relevant departments notified	