Prifysgol Wrecsam
Wrexham University

SUSPENSION OF STUDIES

Academic year: ☐

If you wish to suspend your studies, please complete all sections of this form. **Your suspension must be approved by your Programme Leader or Student Success Coordinator (WU online students) before it is returned to Student Administration - studentadministration@wrexham.ac.uk**.

1 - Student							
Student number (from ID card):		Date of birth:					
First name:		Surname:					
Please identify your fee status:	☐ UK	☐ EU	☐ International	☐ WGU online			

2 - Programme					
Programme:		University course code:		Year of study:	

3 - Suspension details (both dates must be completed)

Date of suspension:	☐ Date as declared by student *OR* (if not available) ☐ Date of last known attendance or engagement *OR* (if not available) ☐ Date agreed by Programme Team (*Please tick*) ***Note: Date given will determine WU Tuition Fee and Student Loan liabilities***
Proposed date of return to programme:	
Intake student will need to move to: ***(This change applies to Health programmes only)***	

Please identify your reason(s) for suspension: please give as much detail as possible to help us understand why you wish to suspend (for example your reason may be: Personal - '*I have childcare issues which has meant that…*' or '*My work commitments have meant that...*'; Health related - '*I was involved in an accident and as a result…*' or '*My mental health has…*')

Please confirm if support has been offered to you	Yes ☐	No ☐	
What support have you accessed?	☐ Personal Tutor	☐ Counselling	☐ Inclusion
☐ Student Health and Wellbeing	☐ Chaplaincy	☐ Students' Union	☐ Academic Study Skills
☐ Careers and Employability	☐ Funding Money Advice	☐ Other (please state):	

Student signature:	☐	Date:	

By signing, the student understands that whilst on suspended studies students are not permitted to engage in any University related activity or have access to University facilities. These restrictions remain in place for the duration of the suspension of studies

IF STUDENT NOT AVAILABLE, PLEASE PROVIDE EVIDENCE AND ATTACH TO FORM

4 - Academic approval or Student Success Coordinator signature (must be completed for ALL students)

I approve the request to suspend enrolment for the above named student

PL/SSC name:		Date:	
Programme Leader / Student Success Coordinator signature:	☐		

5 - Immigration Compliance approval (Student Visa Students ONLY)

On behalf of the Immigration Compliance Office, I confirm that the student has been fully informed of the implications this suspension will have on his/her immigration status in the UK. The student has been told that the University may be obliged to report this suspension to the UKVI.

Name:		Date:	
Signature:	☐	(On behalf of the Immigration Compliance Office)	