

## AUTHORISED BREAK FROM STUDY

Please use this form if you're taking a break from your programme at the university.

This change may have financial implications. For further details of how this may affect you please contact your college team.

**Student No:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Programme Title:** \_\_\_\_\_

**Programme Code:** \_\_\_\_\_

**Date of Break From Study:** \_\_\_\_\_

**Date of Return To Study:\*** \_\_\_\_\_

\*This should not be more than 1 year in the future. Your return date can be reviewed with your programme leader towards the end of the initial period if an extension is required.

### Reason

- Health
- Financial
- Gone into employment
- Programme issues
- Accommodation issues
- Personal
- Other \_\_\_\_\_

Academic Approval	Name	Signature	Date
Programme Leader			

Comments: \_\_\_\_\_

\_\_\_\_\_

*Privacy notice -The information that you supply on this form will be held and processed in line with the Data Protection Act 1998 and GDPR. We use this information to process your request. We share this data with internal and external agencies where consent has previously been agreed, it will not be used for any other purpose. We may contact you for further information.  
We retain this data for a period of 6 years after that time it is deleted securely.*

*I give my explicit consent for my details to be used in this manner.  
As a data subject you can withdraw that consent at any time by contacting [gdp@derby.ac.uk](mailto:gdp@derby.ac.uk)  
Further information on how we handle your information can be found here on our website - <https://www.derby.ac.uk/its/datagov/privnotice/>*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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