



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

Section B - To be completed by the Programme Leader

This form should be typed and submitted electronically to [thinkingofleaving@qmu.ac.uk](mailto: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 \$ F D G H P L F \$ G P L Registry and Day by relevant department e.g. \$ F F R P P R G D W K R Q U Q 2 I M L L W R D I O Q W K D W H X G H Q W T X S U G F R H G

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	