

## LANCASTER UNIVERSITY

## INTERCALATION REQUEST FORM FOR POSTGRADUATE STUDENTS

AN INTERCALATION should be requested if the student is unable to undertake his/her studies during an extended period (*ie* greater than one month). This may be for personal reasons such as illness, finance, employment or family responsibilities. It may also be on account of external circumstances such as extended delays in obtaining access to study materials/resources, or changes in the environment in which the studies are to be undertaken. *The student should be advised that intercalation is granted to assist her/him, and that across the University successful completion of studies is the usual outcome after the return to studies.*

During intercalation, students are not entitled to use the library, computer or other university facilities, or to receive supervision or tuition. No tuition fees are charged for this period and departments will not receive any funding for this student during the intercalation period. Periods of intercalation are subtracted from the student's period of registration. Intercalation is not normally approved for periods greater than one year at a time, and usually for no more than a total of two years. Retrospective intercalation requests are not normally approved, and will NOT be approved for a period more than three months prior to the date this form is received in the Postgraduate Studies Office.

## 1. PLEASE PROVIDE STUDENT DETAILS

Name of student: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Department \_\_\_\_\_ Degree/Scheme: \_\_\_\_\_

Current fee status:  full time  part time  writing up

Current expected completion date: \_\_\_\_\_ (dd/mm/yy) Is the student self funded?  Yes  No

If NO, please indicate sponsor:  research council  employer  other organisation

Has the sponsor been consulted about the proposed intercalation ?  Yes  No

If YES, please attach to this form a copy of the sponsor's response.

**Intercalation will not be approved without consent from the student's sponsor, if the sponsor is a funding council. Please attach correspondence from the funding council that verifies their consent.**

## 2. PLEASE COMPLETE DETAILS REGARDING INTERCALATION

Period of intercalation requested from \_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_ (dd/mm/yy).

NB. Intercalation usually starts at the beginning of a month and ends at the end of a month.

Reason for intercalation (please attach relevant correspondence or continue overleaf):

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If the period of intercalation is to be backdated (for no more than 3 months) please state why the intercalation was not requested in advance: \_\_\_\_\_

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## 3. DEPARTMENTAL APPROVAL

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Head of Department signature \_\_\_\_\_ Date \_\_\_\_\_

4. APPROVED BY THE DEAN OF GRADUATE STUDIES

Period of intercalation approved (if applicable): from \_\_\_\_\_ to \_\_\_\_\_

Revised maximum completion date: \_\_\_\_\_

\_\_\_\_\_  
Dean of Graduate Studies Date