**Deferral of Studies Application Form**

# Guidance notes

A deferral is when your start date is postponed (up to a maximum of 12 months). A student deferral is when you request a later start date prior to, or within the first two weeks of, your course’s advertised start date.

If you want to request a deferral before you have enrolled, you should contact our Admissions Department by email at: admissions@bil.ac.uk. If you want to request a deferral after you have enrolled, you should contact our Registry by email at: academic.admin@bil.ac.uk.

It is recommended that you first discuss your intention with a member of SEWS and our Finance team before proceeding with any deferral requests.

# Section 1 – Student information

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| **To be completed by the student. Please complete all sections below in block capitals.** |
| Full Name |  |
| Student ID Number (LON) |  |
| UoN Registration Number |  |

# Section 2 – Course information

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| **To be completed by the student. Please complete all sections below in block capitals.** |
| Course Name |  |
| Year of Course (i.e. 0, 1, 2, 3) |  |
| When do you plan to start your studies? e.g. September 2020 |  |
| Fee payment method (Privately paying or SLC) |  |

# Section 3 – Reason for deferral

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| **To be completed by the student. Please complete all sections below in block capitals.** |
| Please state your reason for deferral. Please attach supporting evidence, if applicable along with your form. |

# Section 4 – Declaration and signature

* I understand that I may be asked to attend enrolment before the suggested start date to re-register on to the course prior to commencing my studies, without which I may not be enrolled on to the new course
* International students on a student visa only: I confirm that I am aware that this change could affect my immigration status in the UK and that Bloomsbury Institute is required to report status changes to UK Visas & Immigration.
* I have discussed the financial implications with a member of the Finance team and by signing this form, I confirm that I am aware and understand how this may affect me in the future.

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

# Section 5 – For office use only

Academic Administrator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B. Once all sections are complete, please return this form to Academic Administration, via the Student Self-service Portal (SSP).**