

Introduction

This guidance applies to all students registered on Edexcel Pearson HNC's and HND's at Shrewsbury College. For those students studying on a Staffordshire University programme please refer to their websites to obtain information on their procedures for applying for withdrawing or intermitting:

Intermitting

If a student wishes to intermit (suspend their studies) they will be required to complete the Intermittence Request Form available to download from our website (Appendix A). Students should be made aware that intermitting is not an opportunity to repeat periods of study or assessment already undertaken, the purpose of intermitting is to suspend studies with the intention to resume at a later date. This form should be completed in partnership with the Course Lead who will be required to confirm that it is possible to intermit without the student studies being adversely affected and agree a return date within twelve months of intermitting. This form needs to be endorsed by the Curriculum Leader and returned to your Provision Co-ordinator. If the students is seeking intermittence due to medical reasons this must be supported by a medical certificate.

The Course Lead will agree with the student how to keep in contact during the period of intermittence and how regularly.

The students funding will be revised to cover the fee charged for the period of time they were attending College, information on this can be found in the Fee Remission and Refund Policy.

The College will write to advise the relevant agency: Student Finance England, Wales or Northern Ireland; or the Students Award Agency for Scotland however the student should also contact the relevant agency and ask them to suspend their student support on the understanding that they wish to return to full time education after their break.

Students will be required to re-enrol following their period of intermittence with the following conditions:

- Students who were granted a period of intermittence due to medical reasons must meet the requirements of the Fitness to Study policy and may be asked to provide a medical certificate to confirm that they are in a fit state of health prior to being allowed to re-enrol.
- Students will be required to declare any criminal convictions obtained during the period of intermittence.

- Students who originally required DBS clearance for their course, must complete a new DBS application prior to being allowed to re-enrol and complete
- Students must provide confirmation of funding prior to being allowed to re-enrol

Withdrawing

We strongly advise students talk to their Course Lead, Curriculum Leader, or staff within Student Services prior to withdrawing from their course in order to see whether the difficulties they are experiencing can be resolved without having to leave their programme of study.

If following this the student decides to withdraw they will be required to complete Withdrawal Form available to download from our website (Appendix B). This form needs to be signed by the Course Lead and Curriculum Leader and returned to your Provision Co-ordinator. This will be further authorised by the HE Lead.

The student will be liable to pay for the terms during which they have attended, information on this can be found in the Fee Remission and Refund Policy.

The College will write to advise the relevant agency: Student Finance England, Wales or Northern Ireland; or the Students Award Agency for Scotland. Students should also contact the relevant agency and advise them they have withdrawn.

APPENDIX A - REQUEST FOR INTERMITTENCE

Student Registration Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Title of Programme:											Year of Programme:		
Contact Address:											Date of Birth:		
Contact Tel No:					Email Address:								

I wish to intermit with effect from: **D D M M Y Y Y Y**
(please state last date of attendance)

I wish to resume my studies on: **D D M M Y Y Y Y**
(please specify anticipated date of return)

Nb. Intermittent policy states 'Intermitting is not an opportunity to repeat periods of study or assessment already undertaken'

Reason for intermitting:
 (Students/Trainees who would like to intermit for medical reasons should provide evidence)

Modules already completed*

Module No.	Year	Title	Date

Modules to be completed **after** returning*

Module No.	Year	Title

* Includes practice, assessment, coursework & school placement.

HE – Intermittence/Withdrawal Policy

Student Support Agreement with Course Tutor or Named Contact

IMPORTANT: It is the responsibility of the Student to remain in contact with the College during the period of intercalation, as agreed below.

Course Tutor or Named Contact:	
Agreed channel of communication to be used: Telephone/Letter /Email <i>(*circle as appropriate)</i>	Frequency of contact agreed: <i>(must be at least every 3 months)</i>
Additional Information:	

Student Declaration:

<p>I confirm that the information on this form and any supporting evidence is true and accurate. I also understand that, prior to being allowed to resume my studies:</p> <ul style="list-style-type: none"> • I will comply with the Fitness to Study Policy • I will provide a medical certificate to confirm that I am in a fit state of health if I was granted a period of intermittence due to medical reasons • I will declare any criminal convictions obtained during the period of intermittence • I will complete a new DBS application if I originally required DBS clearance for my course • I will provide confirmation of funding to continue <p>I have read and accept full liability for any withdrawal fee in accordance with the Colleges Fee Policy.</p>	
Signed:	Date:

Authorisation for Intermittence:

I confirm that I have discussed fully with the Student any areas where he/she may experience problems when they return to study on the agreed return date in relation to module content and assessment. *I have read and understood the Policy and Procedure for Intermittence/Withdrawal and confirm that the Student is at an appropriate point within the programme to intermit.*

Signed Course Tutor:

Endorsed by Curriculum Leader:

Authorised by HE Lead:

Further advice and support and full details on the Intermittence Policy can be found at:

<https://www.scg.ac.uk/higher-education/he-policies-procedures>

APPENDIX B - WITHDRAWAL FORM

Student Number:										Surname:	Forename(s):
Title of Programme:										Year of Programme:	
Contact Address:										Date of Birth:	
Contact Tel No:					Email Address:						

Important, option A or B must be completed

A) Last date of attendance on programme :

Day	Month	Year
..... / / /

Or:

B) I am completing this Academic year, but will not be returning next Academic year.

Please tick here:

Reason for withdrawal: (please tick one box only)

Health Reasons

Gone into employment

Financial Reasons

Course not as expected

Transfer to another University Name:

Personal reason *(please specify)*

Other reason *(please specify)*

Signature Section

I hereby confirm my withdrawal from the above named programme. I have read and accept full liability for any withdrawal fee in accordance with the Colleges Fee Policy:

<https://www.scg.ac.uk/higher-education/he-policies-procedures>

I also confirm I have returned outstanding library/media stock.

Date:

Student Signature:

HE – Intermittence/Withdrawal Policy

Course Tutor Signature: (Please sign to confirm last date of attendance is correct) Name (please print):	Date:
Curriculum Leader Signature: Name (please print):	Date:
HE Curriculum Lead Signature: Name (please print):	Date: