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| **Guidance & Instructions for Completion of Form**   * Please refer to the [Guidelines on Deferral for Research Students](https://www.dcu.ie/registry/postgraduate-research-academic-regulations-guidelines-registry#collapse-accordion-127156-2) prior to submission of the application. This includes information on fee liability, use of university facilities and resuming your studies on return from deferral. * Completed application forms must be submitted to [registrations@dcu.ie](mailto:registrations@dcu.ie) in the Registry. All required sections and signatures must be populated prior to submission. |
| **Closing Dates**   * Full academic year deferral or six months in first half of year is **25th October 2024.** * Six months in second half of year is **7th February 2025.** |

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| 1. **CANDIDATE DETAILS** (*To be completed by Candidate)* | | | | | | | |
| **Name of Candidate** |  | | | | | | |
| **Student ID Number** |  | | | | | | |
| **Phone/Mobile Number** |  | | | | | | |
| **DCU Email Address** |  | | | | | | |
| **Date of Entry onto the Research Programme** |  | | **Current Registration Mode** | | | | Full-time ❒  Part-time ❒ |
| **Title of Award Sought** | PhD **❒** DBA **❒** DProfElite **❒** DPsych **❒** EdD **❒** LLM **❒** MA **❒**  MBS **❒**  MEd **❒** MEng **❒**  MPhil **❒** MSc **❒** | | | | | | |
| **School[[1]](#footnote-1)** |  | | | | | | |
| **Supervisor(s)** | **Principal/**  **Joint Principals** | | | **Secondary Internal**  (where relevant) | | **Secondary External**  (where relevant) | |
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| 1. **DETAILS OF DEFERRAL REQUEST** *(To be completed by Candidate)* | | | | | | | |
| **Year of study to be deferred** | | Year 1 ❒ Year 2 ❒ Year 3 ❒  Year 4 ❒ Year 5 ❒ Year 6 ❒  Other Year (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Length of deferral** | | Full academic year  (twelve months)  ❒ | | | Half Year  (six months)  ❒ | | |
| **If length of deferral indicated is half year, please specify start date and expected return date**  (Use format DD/MM/YYYY e.g. 01/09/2023) | | **Start Date** | | | **Expected Return Date** | | |
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| **Please state briefly, your reason(s) for the application ensuring that they comply with those stated in the** [**published guidelines**](https://www.dcu.ie/registry/postgraduate-research-academic-regulations-guidelines-registry#collapse-accordion-127156-2)**:** | | | | | | | |
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| 1. **SCHOLARSHIP/GRANT** *(To be completed by Candidate & GSO)* | |
| **Are you in receipt of a Scholarship / Grant?** | **Yes** ❒ **No** ❒ |
| **If yes, please provide details:** |  |
| Deferral requests for those in receipt of a Scholarship/Grant must be signed and stamped by the Graduate Studies Office (GSO) before being submitted to the Registry:  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **GSO Scholarship Administrator**  Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **STUDENT VISA** *(To be completed by Candidate)* | |
| Please note that the basis of your Student Visa will not apply in the period of deferral as you will not have an active registration with DCU.    It is your responsibility to meet the requirements of your Student Visa at all times. | |
| **Do you have Student Visa?** | **Yes** ❒ **No** ❒ |
| 1. **STUDENT DECLARATION** *(To be completed by Candidate)* | |
| 1. I confirm that I am aware of any fee liability that may be due. 2. I hereby request a [deferral](https://www.dcu.ie/registry/postgraduate-research-academic-regulations-guidelines-registry#collapse-accordion-127156-2), for the period indicated, on the above programme.   Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**­­­:**­­­­­­\_\_\_\_\_\_\_\_\_\_  **Postgraduate Candidate** | |
| 1. **PRINCIPAL SUPERVISOR(S) AND HEAD OF SCHOOL AGREEMENT**   Both Principal Supervisor(s) and Head of School (or nominee) must indicate their support for the student’s registration to be deferred by signing below.  In the case of an EdD Candidate, the Programme Chair must also indicate agreement by signing below. | |
| Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  **Principal Supervisor**  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  **Head of School or Nominee** (A Nominee may be the Research Convenor or Deputy Head)  Countersignature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Where the Principal Supervisor is also the Head of School, a countersignature is required.  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  **EdD Programme Chair** (In the case of an EdD application, the Programme Chair must also indicate agreement)  Note: Insert additional signature lines if required and identify the role of that person. | |

**Data Protection Notice:** Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Notice, which can be viewed at the following website address: <https://www.dcu.ie/registry/data-protection-notice.shtml>

1. EdD registration sits at Faculty level, please list DCU Institute of Education where this is applicable. [↑](#footnote-ref-1)