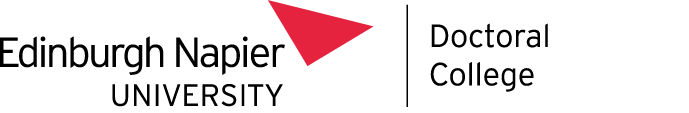
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**RD7b**

**APPLICATION FOR ‘STUDY PAUSE’ (EXTENUATING CIRCUMSTANCES) FOR A TOTAL GREATER THAN 12 MONTHS**

* STUDY PAUSE will only be considered for a maximum of twelve months at any one time.

|  |  |
| --- | --- |
| 1 STUDENT DETAILS | |
| Name |  |
| Matriculation number |  |
| School | Choose an item. |
| Director of Studies |  |
| Independent Panel Chair |  |
| Date of registration | Click or tap to enter a date. |
| Current target degree | Choose an item. |
| Mode of study | Choose an item. |

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| --- | --- | --- | --- |
| 2 PERIOD OF SUSPENSION APPLIED FOR *Please give exact dates* | | | |
| **From** | Click or tap to enter a date. | To | Click or tap to enter a date. |

|  |  |
| --- | --- |
| 3 PREVIOUS PERIODS OF SUSPENDED STUDY | |
| Any previous periods of suspended study should be listed chronologically below, giving exact dates. | |
|  | |
| 4 BRIEF DESCRIPTION OF EXTENUATING CIRCUMSTANCES  (To be completed by student *o*r supervisor *o*r IPC, as appropriate) |
| *Detailed information about illness and personal circumstances need not be included. The Director of Studies may instead provide a statement on the form to confirm that they have satisfied themselves that the circumstances are genuine and that the period of suspended study sought is reasonable. Students should note that medical evidence may be required by the Director of Studies and/or the School RDC.* |
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| --- | --- | --- | --- | --- |
| 5 SUPERVISORY TEAM RECOMMENDATION | | | | |
| **Please select the appropriate response from 1 and 2:**     1. **I confirm that the time added due to the requested pause in studies will not impact the continued relevance and currency of the research.**      1. **The time added due to the requested pause in studies is likely to impact the continued relevance and currency of the research and, as a consequence, revised objectives will be necessary.**     **If selecting option 2, a new RD4 will be required. This may accompany the RD7b or it may follow when the student has resumed their studies.** | | | |  |
| 1. **Has the student completed an RD4?** | | **yes** | **no** | **referred** |
| 1. **Has the student completed an RD5?** | | **yes** | **no** | **referred** |
| 1. **Please provide a brief account of work completed to date, including both practical work and written work.** | | | | |
| Signature of Independent Panel Chair |  | | | |
| Date | Click or tap to enter a date. | | | |

|  |  |
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| 6 FORMAL APPROVAL OF THE SUPERVISORS’ RECOMMENDATION | |
| I confirm that the School Research Degrees Committee has approved the recommendation above | |
| Signature of School Research Degrees Lead |  |
| Date | Click or tap to enter a date. |

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| **7 CATEGORY OF APPROVED SUSPENDED STUDY** |
| The School Research Degrees Leader must confirm the reason for suspended study by selecting from the drop down menu:  Choose an item. |
| If ‘other’ is selected above, please briefly state reason: |

|  |  |
| --- | --- |
| **8 STIPEND PAYMENTS** *(see RDF sections 3.3 and 3.10 for full details)* | |
| * Where a student is suspended due to maternity, paternity, adoption leave or certified ill heath, payments may continue and additional payments may subsequently be made. * In all other cases, the School will decide whether to stop or continue payments for the duration of the suspension, but no extra payments will be added to the original amount. | |
| Is this student in receipt of a stipend? | Choose an item. |
| If YES, is the stipend to be stopped? | Choose an item. |
| **If the stipend is to be stopped**, please state for how long | ***SELECT ONE*** |
| * For a period of months (*state number of months*) |  |
| * Until further notice |  |
| * Permanently |  |
| The **last payment before stopping** should be made in | Click or tap here to enter text.  (State **month** and **year)** |
| (*Note that monthly stipend payments are made in arrears at the end of each month*) | |
| **If the stipend is to continue**, are additional payments to be made? | Choose an item. |
| If YES, **please confirm reason:** | Choose an item. |
| and **number of WEEKS of extra payments**: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **9 AUTHORISATION OF CHANGE TO STIPEND PAYMENTS** | |
| Approval of any change to stipend payments must be signed by the **named financial authority** for research degrees within the relevant school. See [current authorised signatories](https://staff.napier.ac.uk/services/research-innovation-office/research-degrees/SiteAssets/Pages/fees-and-stipends/AUTHORISED%20SIGNATORIES%20FOR%20RD2_05jan24.pdf) | |
| Signature of named financial authority |  |
| Print name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| --- | --- |
| 10 STUDENT CONFIRMATION | |
| * The student MUST be provided with a copy of this form, after all other signatures have been added. * If the student is unable to sign the form for any reason, an email confirming their acceptance of all decisions must be provided before the suspended study can be processed | |
| I confirm that I have read and understood the decisions made in relation to suspended study and, where relevant, in relation to stipend payments | |
| Student signature |  |
| Print name |  |
| Date | Click or tap to enter a date. |

Once the form has been completed fully, signed by all parties, and APPROVED BY THE SCHOOL RDC, it should be sent to:

[doctoralcollegeoffice@napier.ac.uk](mailto:doctoralcollegeoffice@napier.ac.uk)

If the student is on a STUDENT ROUTE (4GS) VISA, a copy of the form must also be sent to:

[visacompliance @napier.ac.uk](mailto:Tier4@napier.ac.uk)