

APPENDIX C

**UNIVERSITY OF PROFESSIONAL STUDIES. ACCRA
OFFICE OF DOCTORAL PROGRAMMES (ODP)
INTERRUPTION OF STUDY**

Student Name: **Academic Year/Semester:**

1. Type of Interruption request (*check that which applies*):

A. PROGRAMME WITHDRAWAL:

a. Permanent (*complete withdrawal from programme*) (*Go to Q2*)

B. LEAVE OF ABSENCE:

a. Health-related (*Go to Q3*)

b. Non Health-related (*Go to Q3*)

C. DEFERMENT OF STUDIES (*indicate the applicable request*)

a. Semester End Exam b. Dissertation Proposal Defense

c. Dissertation Defense d. Comprehensive Exam

e. Others (*please specify*):

(If you chose any of the options under Section B - Deferment of Studies, then go to Q3)

2. If you are permanently withdrawing, kindly give a brief reason for your decision and go to the bottom of the form to sign the application and submit.

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3. If you seek Temporary Withdrawal or Deferment of Studies, kindly state the duration of the interruption (*NOTE: A student may interrupt his or her study programme but may not break for more than four (4) continuous semesters*).

From to

(If your application is Non Health-related go to Q5)

4. Do you have a medical excuse report attached to this application? (*please note that a Medical Review Board decision may be required in addition*)

Yes

No

5. Do you have attached to this application, an 'Interim Study Action Plan' documenting your proposed arrangement for returning to the programme? (*Your academic advisor may require this form*)

Yes

No

Not applicable (*please attach a brief explanation*)

***Note:** Approval of application may be subject to financial clearance by the Finance Directorate.

Student Name & ID:

Signed:

Date: