



REQUEST FOR PERMISSION TO PUT AN AWARD INTO ABEYANCE/SUSPENSION/MATERNITY/ADOPTION LEAVE

PRIOR TO COMPLETING THIS FORM PLEASE ENSURE YOU CONTACT THE AHRC TO DISCUSS YOUR REQUEST

Awards are intended to be held on a continuous basis, without a break.

For Doctoral award holders, you may be allowed to interrupt your programme of study for up to a maximum of one year for the following reasons:

- Illness;
- Maternity;
- Adopting a child
- To take up a short-term post;
- To take up a short-term scholarship of greater value than your postgraduate award.

For **Master's** award holders, it is usual for an award to be put into abeyance for a whole year in order that the course can be taken up at the same point the following year. Only cases of serious illness will be considered.

If you have received any maintenance grant or additional allowances covering all or part of the proposed period of your suspension, your request cannot be approved until this money has been repaid.

Please note that in the case of Illness or maternity we now ask your institution to confirm they have seen your medical evidence and you do not need to send this in to us.

NB. Consideration will only be given to requests made **in advance** of the period of abeyance, suspension, or maternity leave.

Section 1 – For completion by the Award Holder

Name of award holder: (BLOCK CAPS)	Award no:
Institution:	
Contact Address:	
Telephone No:	Email address:
1. Please state the dates that you wish your period of abeyance/suspension/maternity leave to start: _____ and finish: _____	

2. Are you are applying for a period of maternity or adoption leave? Yes/No
If yes, you do not need to complete number 3 below.
3. Please state your reasons for requesting a period of abeyance or suspension of your postgraduate award, continue on a separate sheet, if necessary.

Award holder's signature:

Date:

Section 2 – For completion by the Registrar or equivalent.

What is the above named award holder's current registration status? FULL-TIME/PART-TIME

Please state the programme of study for which this award holder is currently registered:

Please state the exact dates for which approval has been given for this period of abeyance/suspension/maternity leave:

start: _____ finish: _____

Please confirm that the award holder has provided you with one of the following pieces of documentation in relation to their request, where appropriate.

- Medical evidence;
- MATB1;
- Matching certificate (in the case of adoption)
- Details of the scholarship that you have been offered (including its value, duration and purpose).

The AHRC no longer requires sight of this documentation but requests that the institution confirms they have seen the relevant documentation to support the **award holder's request**.

Name(BLOCK CAPS):	Position:
Signature:	Telephone:
	Email:

Section 3 – For completion by the award holder's supervisor.

Please comment on this award holder's request for a period of abeyance or suspension, stating whether the submission of the award holder's thesis or the duration of their course is likely to be delayed by more than the period of abeyance or suspension. In cases of maternity leave, you only need comment on the thesis submission date. A further sheet may be attached if necessary.

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Name (BLOCK CAPS):	Date:
Signature:	Telephone: Email:

The Supervisor should now return this form enclosing any relevant documentation to:

**Programmes Division
The Arts and Humanities Research Council
Polaris House
North Star Avenue
Swindon
SN2 1FL**