ICCA Bar Course Interruption of Study (IOS) Form

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| 1. Student details  |
| First name |  | Surname |  |
| Student number  |  | ICCA email address |  |

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| 2. Interruption details  |
| Last date of attendance  |  | Date of return to study |  |

Reason

Please supply the ICCA with appropriate supporting evidence in English when they request this.

|  |  |
| --- | --- |
| Maternity leave | [ ]  |
| Medical – Physical or mental health related | [ ]  |
| Disability – long term condition | [ ]  |
| Financial Difficulties | [ ]  |
| Job Commitments/Internship | [ ]  |
| Academic | [ ]  |
| Personal/Caring responsibilities | [ ]  |
| Other *(please detail in statement below)* | [ ]  |

Have you previously interrupted your studies?

|  |
| --- |
| [ ]  NO  |
| [ ]  YES  |
|  |
| Dates of previous interruption:  | from:  | to:  |

|  |
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| 3. Supporting Statement |
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| 9. Student Declaration |
| I confirm that the information I have given is correct to the best of my knowledge and that I understand the implications of interrupting my studies in accordance with the ICCA’s Academic Regulations at paragraph 10.1 and the ICCA Student Handbook at page 32. |
| Student Signature  |  | Date |  |

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| FOR ICCA USE ONLY |

Interruption of Study Form - ICCA Approval

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| 1. Student details  |
| First name |  | Surname |  |
| Student number  |  |

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| **Bar Course Leader or Nominee comments:**  |

|  |  |
| --- | --- |
| Bar Course Leader/Nominee(print name): |  |
| Signature: |  | Date: |  |