ICCA Bar Course Interruption of Study (IOS) Form

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |

|  |
| --- |
| 3. Supporting Statement |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

|  |
| --- |
| FOR ICCA USE ONLY |

Interruption of Study Form - ICCA Approval

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

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

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