U/G Intercalation Request Form 25/26 only



To request a period of intercalation, you need to:

- 1. Read the Intercalation Guidance Notes.at:-Suspending your undergraduate studies | ASK Lancaster University. Please speak to retention if you are repeating any periods of study due to CTP regarding fees, maintenance loan and coursework.
- 2. Please note you can only sought intercalation during the term you wish to return to. If it is summer term, and you have completed tuition needed, this should then be processed as an assessment deferral dealt with by the exams team at:- https://portal.lancaster/ask/assessment-deferral
- 3. Complete all sections of this form which have been highlighted in italics (pages 1-4).
- 4. Take the form together with any supporting evidence to your Director(s) of Studies, hand it in to the Base, or scan and email it through to study-options@lancaster.ac.uk.
- 5. The Administering department should complete the departmental section for all major and minor departments. Any outstanding coursework should be considered at the departments exceptional circumstances board, if applicable.
- 6. If given directly to your Department, they will then send the form and any supporting evidence to study-options@lancaster.ac.uk. Your request will then be submitted for University approval and you will be contacted regarding the outcome.

Please note that while your request for intercalation is being processed it is expected that you continue to meet all academic commitments. This is because your student status remains unchanged until University approval for the intercalation request has been given. It is therefore important that you complete and return your completed form as soon as possible. If, due to mitigating circumstances, you have to leave the university immediately, please advise your department of this.

If you have any queries regarding completion of this form or the progress of your intercalation request, please contact study-options@lancaster.ac.uk. If you need any welfare advice associated with intercalating, please contact your https://www.lancaster.ac.uk/student-and-education-services/counselling-and-mental-health-service/contact-us/.

Personal details		
Name:		
University Number:	College:	Current Year of Study:
Current Address:		Address during intercalation period:
Tel:		Tel:

Mobile:			
Degree Title:			
Major Department:			
All other departments:			
Period of intercalation requested	✓	Reason for intercalation reques	t 🗸
October 2025 – September 2026		Personal	
January 2026 – September 2026		Health	
		Financial	
		Work Experience	
Please give details of contact with any departmental staff regarding intercalation.	/		
If you are no longer able to attend please state why and also when last	Reas	(3	ast date of

Statement

other study commitment

you attended any lecture, seminar or

Please use the following space to describe why you want to intercalate. You need to include:

- key facts and dates about why you want or need to intercalate
- details of what you intend to do during your period of intercalation
- how you hope things will be different or improved on your return.

For example, if your studies have been disrupted by health or personal difficulties, please describe the difficulties, when they started, how your studies have been affected by them and why you think taking some time out will be helpful to you and to your studies.

For example, if you are planning to take a year out for work experience reasons, please include details of your placement, including start and finish dates.

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Evidence is normally required if you are asking to repeat any period of study. For example, if it is week 8 of the first term and for health reasons you are asking to re-start the term, you will normally be expected to provide evidence of your health difficulties affecting any of the weeks 1-8. Please give details below of evidence support of your application including whether it is attached or to be submitted in.

Medical

Financial

Work Experience - Name of company and address

Declaration

I confirm:

- that I have read and understood the intercalation guidance notes at:-
- Suspending your undergraduate studies | ASK Lancaster University
- that the information I have given is, to the best of my knowledge, correct
- that I fully understand the implications of my application
- that if intercalation is granted I agree to abide by the standard conditions of intercalation and by any other reasonable conditions specified.

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Signed:	Date:
Jidi ied.	Date.

Departments

Information for Directors of Studies

The student named on page 1 has been advised to discuss with his or her Director of Studies, the academic (and if relevant, professional) implications of intercalating. If after this discussion you agree to support their request please complete Section A.

Please set down the following.

- 1) Any other requirements or conditions you wish to set down.
- The courses the student is currently registered for and, where possible, their availability upon the student's return. If you are aware that these courses will not be available please try to indicate a suitable alternative. This is particularly important for students who will be returning in January or April when courses will have already started.
- 3) Any other information that should be taken into account when considering this application to intercalate.
- 4) The student's last date of attendance.

If you do not support the application please let the student know this, and complete Section B then forward the form to study-options@lancaster.ac.uk

For Completion by Director of Studies in Major Department of (minors page below):	; below):	minors page below):
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A.	The student	has	discussed	his/her	application	for	intercalation	with	me	and	the	departm	ent
	supports the	app	lication.										

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2) I have discussed with the student the courses for which he/she is registered and their availability upon return - see below.

Course	Availability ✓	Alternative	Course	Availability ✓	Alternative

3) Any other relev	/ant ii	nformation:					
4) Student's last of	date d	of attendance:					
Signed				Date			
Name in block ca	pitals	please					
		s discussed his, propriate case f			•		not consider
Signed				Date			
Name in block ca	pitals	please					
For Completion A. The student		linor Departme		on for int	ercalation with	me and the	a denartment
supports the appl			пет аррпсан	011 101 1111	ercalation with	THE and the	o department
1) Any other requ	ireme	ent /conditions:					
2) I have discuss upon return - see			the courses t	for which	he/she is regis	tered and the	eir availability
Со	urse	Availability ✓	Alternative	Course	Availability <	Alternative	
3) Any other relev	/ant ii	nformation:					

4) Student's last date of attendance:
Signed Date
Name in block capitals please
B. The student has discussed his/her application with me and the department does not consider this to be an appropriate case for intercalation for the following reasons:
SignedDate
Name in block capitals please