

U/G Intercalation Request Form

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To request a period of intercalation, you need to:

1. Read the Intercalation Guidance Notes at: [-Suspending your undergraduate studies | ASK - Lancaster University](#)
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 all tuition, this should then be processed as an assessment deferral dealt with by the exams team at: <https://portal.lancaster.ac.uk/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:

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Mobile:

Degree Title:

Major Department:

All other departments:

Period of intercalation requested	✓	Reason for intercalation request	✓
October 2025 – September 2026		Personal	
January 2026 – January 2027		Health	
April 2026 – April 2027		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 you attended any lecture, seminar or other study commitment

Reason (e.g. ill-health):

Last date of attendance:

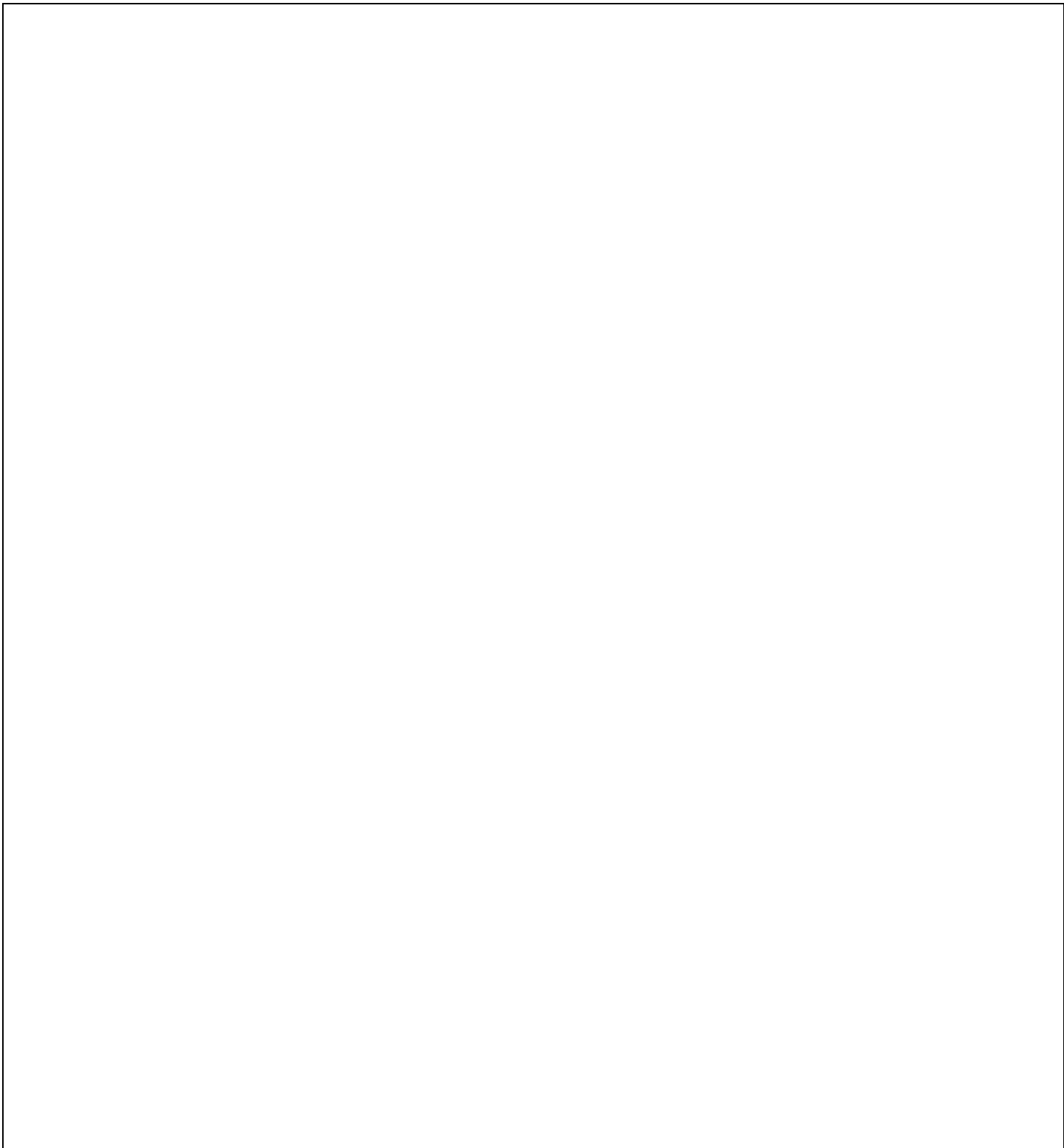
Statement

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.



Evidence

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.*

Signed:

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.
- 2) 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):

A. The student has discussed his/her application for intercalation with me and the department supports the application.

1) Any other requirement /conditions:

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 relevant information:

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

For Completion for Minor Department of:

A. The student has discussed his/her application for intercalation with me and the department supports the application.

1) Any other requirement /conditions:

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 relevant information:

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