**GW4 BioMed DTP Broadening Horizons Placement**

***Request for Exemption from Placement***

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| **Student Name** |  |
| **Student Email** |  |
| **Student University** |  |
| **Lead Supervisor** |  |
| **Date of Request** |  |
| **Reasons for Request** | *\*please give as much information as you can to explain your reasons for not being able to complete a Broadening Horizons placement* |
| **Supporting evidence submitted** | *\*Appropriate evidence will be required for exemption on medical grounds. If on academic grounds, a statement from your supervisors will be required.* |

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| ***To be completed by the DTP Hub*** |
| Date request received |  |
| Supporting evidence received |  |
| Authorised Y/N |  |
| Date of Authorisation |  |
| Reason for Rejection |  |
| *Exclusions will be authorised by the DTP Director, Professor Emma Kidd* |