



# REQUEST FOR FOUR YEAR FELLOWSHIP (4YF) INTERRUPTION

**Note:** This form is intended for 4YF recipients who do not intend to apply for a corresponding [leave of absence](#) from UBC.

For details of the 4YF interruption policy, please see the section 'Interruption and Termination of Funding' in the [4YF guidelines](#).

## STUDENT INFORMATION

Last Name:	First Name:
Student Number:	Email Address:
Faculty (e.g., Applied Science):	Graduate Program:

## DETAILS OF INTERRUPTION REQUESTED

Company Name:	
Description of Duties:	
Is this part of your PhD work? (Yes/No)	Is this a Mitacs Accelerate Internship? (Yes/No)
Start Date (Month/Day/Year):	End Date (Month/Day/Year):
Number of hours per week or total number of hours for the entire duration:	
Additional Comments (Please append an extra page if needed.):	

## SIGNATURES

Student Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date (Month/Day/Year)

UBC Research Supervisor Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date (Month/Day/Year)