**Appendix 2 - Withdrawal Form**

**WITHDRAWAL FORM**

**IMPORTANT – Fields marked with asterisk\* are mandatory and must be completed in full. This form must be handed or emailed to your Programme Support Office once Part One is completed. Signatures can be submitted electronically.**

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| Part One – To be completed by student |  | |
| Title (Mr/Mrs/Miss/Ms/Other): | Surname/Family Name:\* | |
| First or given name(s):\* | Student Reference Number:\* | |
| Postal Address and Postcode for future correspondence:  Email address: |  | |
| Programme Name:\* |  | |
| Please tick your main reason for withdrawal:\*  Health Reasons:  Related to existing/historic health problems  Related to new health problem or condition  Related to mental ill health  Prefer not to say  Financial Reasons:  Student Loan issues  PT work no longer available  Other financial  Other Reasons:  Maternity Leave  Accommodation problems  ☐ Transferring to another Institution  ☐ Other (please specify)…………….. | Personal Reasons:  Related to family or dependants  Related to study or academic pressure  Struggling with wider university life  Course is not what I thought it would be  Change of career direction  Other personal reasons  Employment Reasons:  Problems while on placement  Leaving to go into full time work  Related to family/partner employment  Other (paid work related) | |
| Have you sought advice from your Programme Leader? YES/NO | | |
| Date of withdrawal: (this will be the official end date recorded on your student record)\* | | |
| Signature of Student:\* | Date:\* | |
| Signature of Programme Leader:\* | Date:\* | |
| (needed before withdrawal can be completed) |  | |
| Part Two – To be completed by the Programme Support Office | |  |
| Administration check: Form completed, signed and saved  Request for ID card to be returned  Withdrawal carried out in e:vision  Future Contact details updated in e:vision | | ☐  ☐  ☐  ☐ |
| Programme Support Officer Signature: | | Date: |