**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 sayFinancial 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:visionFuture Contact details updated in e:vision | ☐☐☐☐ |
| Programme Support Officer Signature:   | Date: |