

## WITHDRAWAL FORM

<b>Student Number:</b>									<b>Surname:</b>	<b>Forename(s):</b>
<b>Title of Programme:</b>										<b>Year of Programme:</b>
<b>Contact Address:</b>										<b>Date of Birth:</b>
<b>Contact Tel No:</b>					<b>Email Address:</b>					

### Important, option A or B must be completed

A) Last date of attendance on programme :

Day	Month	Year
..... /	..... /	.....

Or:

B) I am completing this Academic year, but will not be returning next Academic year.

Please tick here: ☐

### Reason for withdrawal: (please tick one box only)

Health Reasons ☐

Gone into employment ☐

Financial Reasons ☐

Course not as expected ☐

Transfer to another University ☐ Name:

Personal reason (*please specify*)

Other reason (*please specify*)

### Signature Section

I hereby confirm my withdrawal from the above named programme. I have read and accept full liability for any withdrawal fee in accordance with the Colleges Fee Policy:

<https://www.ukgraduate.org.uk/policies>

I also confirm I have returned outstanding library/media stock.

**Student Signature:**

Date:



<b>Course Tutor Signature:</b>  (Please sign to confirm last date of attendance is correct)  <b>Name</b> (please print):	<b>Date:</b>
<b>Curriculum Leader Signature:</b>    <b>Name</b> (please print):	<b>Date:</b>