**NOTIFICATION OF STUDENT WITHDRAWAL FORM**

**This form is to be used to notify Registry that a student has withdrawn from the University. It is to be completed by Institute staff and used when a student is not present/contactable. It is NOT used for students that are withdrawn during an Examination Board or for students that are temporarily interrupting their studies.**

It **should not** be used by students to request withdrawal or when a student wishes to request an interruption of studies and intends to return at a later date.

**1. Student details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | | **Student No:** | |  | |
| **Programme of Study:** |  | | | **Campus:** | |  | |
| **Institute/Academic Discipline/Centre:** |  | | | **Level of study:** | |  | |
| **Mode of study** | Full-time: |  | Part-time: | |  | Distance: |  |

**2. Date of last known attendance:**

Please indicate date of last attendance/contact with student, the attempts made to make contact and any support offered.

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|  |

**Reasons for withdrawal**

In order to help us to understand the reasons for student’s withdrawal, it would be useful if you could give us what you understand to be the main reason. Please tick one:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Financial reasons |  | The student has gone into employment |
|  | Health reasons |  | The student had indicated that he/she did not feel that the course was suitable for their needs.\* |
|  | Family reasons (e.g. caring for a child or relative) |  | Non-attendance and non-engagement |
|  | The student has indicated that he/she did not feel that University was the right place for them in general. |  | The student has indicated that she / she did not feel satisfied with their course or the University.\* |
|  | Reason not known to the Institute |  | Other reasons \* |
|  |  |  | Other personal reasons\* |

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| --- |
| ***Programme Manager (or nominee): please add, if you wish, any comments regarding the reason(s) for withdrawal (particularly if ‘other (personal) reasons’ has been ticked).*** |
|  |

**3. Transfer to another institution**

Please indicate here whether or not the student is transferring to another institution to continue their studies.

**Yes**

**No**

**4. Academic Discipline/Centre and Institute authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| Programme Manager (or nominee) |  |  |  |
| Dean of Institute (or nominee) |  |  |  |

**WHEN COMPLETED, PLEASE RETURN PROMPTLY TO YOUR INSTITUTE OFFICE TEAM**

***FOR INSTITUTE OFFICE USE ONLY:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date form received:** | |  | **Date student record amended:** |  |
| **Copied to:** | **Finance** |  | **Sponsor/LEA informed** |  |
| **International** |  | **UKVI report sent** |  |

For any questions about this form, please contact the Registry at **registry@uwtsd.ac.uk**.