**STUDENT REQUEST TO WITHDRAW FORM**

This form is for students who wish to withdraw from the University. You should **not** use this form if you wish to request an interruption of studies and intend to return at a later date. If you have not done so already, please take the opportunity to discuss your reasons for withdrawal with a member of staff in the Institute or within the Student Services team to see if we can help you find a way to continue your studies.

We value your feedback and appreciate your sharing of your experiences during your time with us. The information that we receive will help us to continue to enhance our provision and support for our students*. Please know that your response is confidential.*

1. **Student details**

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

1. **Date of withdrawal**

Please confirm that you wish to withdraw and that you do **not** wish to return to your studies at a later date. [ ]

(*If you do wish to interrupt your studies temporarily, you will need an interruption of studies form*)

When did you last attend University? We need to know this in order to calculate any fees owed to the University. Please provide a specific date:

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1. **Reason for withdrawal**

In order to help us to understand the reasons for your withdrawal, it would be useful if you could give us the main reason for your withdrawal from the course. There is more space below to provide any additional information that you feel is relevant. Please tick one:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Financial reasons | **[ ]**  | I have gone into employment |
| **[ ]**  | Health reasons | **[ ]**  | I did not feel that the course was suitable for my needs\* |
| **[ ]**  | Family reasons (e.g. caring for a child or relative) | **[ ]**  | I did not feel satisfied with my course or the University\* |
| **[ ]**  | Other personal reasons\* | **[ ]**  | Other reasons \*  |
| **[ ]**  | I did not feel that University was the right place for me in general\* |

If you have ticked a box with an asterisk (\*), please provide further details overleaf if possible.

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Anything else that impacted on your experience at UWTSD (e.g. if there were additional reasons):

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1. **Transfer**

Please indicate here whether you are intending to transfer to another institution to continue your studies.

**Yes [ ]**

**No [ ]**

1. **Support**

Did you access any support while you were at University (for example, a personal or year tutor, Institute welfare officer, lecturer, a member of staff from Student Services, or the Students’ Union)? **YES** / **NO** Please provide further details if possible:

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Have you discussed your intention to withdraw with someone in the University (such as a personal or year tutor, Institute welfare link, lecturer, or a member of staff from Student Services)? **YES / NO.** Please provide further details if possible:

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Is there anything that could have helped you to complete your course?

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Depending on the date of withdrawal, there may be financial implications for you, including liability for a proportion of the fees. Have you spoken to a Student Finance Officer to talk through the financial implications for you of your withdrawal? **YES / NO**

**Please indicate if you would like a meeting with a Student Finance Officer. YES / NO**

**Student signature: …………………………………………….. Date: ……………………**

**WHEN COMPLETED, PLEASE RETURN TO YOUR INSTITUTE OFFICE.**

***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 **registry@uwtsd.ac.uk.**