

Cancellation Form

This form should either be completed electronically using Adobe Acrobat Reader, or if you wish to complete the form by hand, please complete in BLOCK CAPITALS and use black ink.

This form may be used to inform the University of Wales Trinity Saint David that you wish to cancel your place on your chosen programme. To exercise your right to cancel, you should inform us of your decision to cancel within 14 days from the date that you accepted your offer. You are not required to provide any reason for your decision. You are also not obliged to use this form. A written statement informing us of your decision to cancel and sent to the relevant address below will also be acceptable.

Student Number										
Title Mr/Mrs/Miss/Ms/Other										
Surname / Family Name										
Forenames / Given Names										
Date of Birth (DD/MM/YYYY)										
Permanent / Home Country Address										
County/State										
Post/Zip Code										
Country										
Home Telephone Number										
Mobile Phone Number										
Email										
Programme of study										
Year of entry (i.e. Year 1/2/3)										
Location	Swansea		Carmarthen		Cardiff		London		Birmingham	
	Distance		Other – please specify							
I confirm that I wish to cancel my place to study at the University of Wales Trinity Saint David.										
Signature of Applicant By typing your name here, you are signing this form electronically.								Date		
<p>This form may be submitted electronically, or as a hard copy by post to the address below:</p> <p>admissions@uwtsd.ac.uk Admissions Office, UWTSd, Technium 1, Kings Road, Swansea SA1 8PH, UK</p>										