

WITHDRAWAL FORM

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

Important, option A or B must be completed

A) Last date of attendance on programme :

Day /	Month /	Year
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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:

http://www.shrewsbury.ac.uk/higher_education/he_policies

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

Student Signature:

Date:

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