

## Student-Led Withdrawal Form - Collaborative

For students on a Collaborative course

If you have decided to withdraw from your course, you should complete this form and return it to your place of study. Please note that you will remain enrolled on your course until we receive confirmation in writing. This means that we will consider that you are still attending your course and you will be charged fees accordingly.

Student Details:	
Student Name:	
Student Number:	
Course Title:	
Level of Study:	
Contact Details:	Email:  Phone:  Mobile:

Reason for withdrawal (if more than one reason please specify primary reason):	
Please let us know the reason(s) you have decided to withdraw from your course. This information is useful to us so that we can understand if/when we need to make improvements to either our academic provision or our support services.	
Reasons due to Exceptional Circumstances:	Please tick:
Bereavement	
Caring responsibilities	
Domestic circumstances	
Impact of crime/harassment	
Mental health	
Natural disaster/war	
Physical health	
Other Reasons:	Please tick:
Being employed by placement provider	
Changing career	
Course is not as I expected	

Course is too demanding	
Declined to give reason	
Financial reasons	
Gone into employment	
I do not feel part of the University community	
Maternity Leave	
Paternity Leave	
Problem with the course content/delivery	
Study at University is not what I expected	
Transferring to another Institution	
Travelling to/from University is problematic	
Work commitments	
Other reason not listed* (please specify reason in the box below) *Only use 'Other reason not listed' where no other reason is appropriate and specify the reason(s) in the box	

**If you would like to provide any other information, please provide this below:**

**Was there a specific aspect or incident which influenced your decision to withdraw? If yes, please give details below:**

**Student Declaration:**

I confirm that I fully understand the academic and financial implications of withdrawing from the course. I understand my responsibility to gain advice regarding my situation and have been signposted towards external sources of support to help me make an informed decision.

**Date:**

I understand that my agreed date of withdrawal (last date of engagement with course) will be:

**Student signature:****Date:****OFFICE USE ONLY – Outcomes**

SRL email sent to relevant stakeholder(s)?

☐

Academic Adviser

☐

Apprenticeships Team

☐

Course Leader

☐

Disabled Student Support Team

☐

HWLS Health Funding Team

☐

Placement Team

☐

Professional Compliance Team

☐

Student Records Service Team

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Student Systems and Reporting (Finance) Team

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UKVI Compliance Team

Document owner:

Registry Operations

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Date of next review:

July 2025