All students considering withdrawal should discuss their circumstances with their personal tutor AND relevant Registry Officer. The date of signature will be the date of withdrawal and it should be noted that liability for any fees remains in the period prior to this date. Please refer to the Interruption, Withdrawal or Transfer of Studies Procedure for further information.

| **Student Details** | |
| --- | --- |
| Surname: |  |
| Forename: |  |
| Student ID: |  |
| Date of Birth: |  |
| Course Name: |  |
| Course Code: e.g. BB1BMA4 |  |
| Academic Year e.g. 2021/22 |  |
| Year of study – Ensure full session code is listed to indicate Stage, Intake and Campus e.g. Y1, Y1ALE, Y1UX |  |
| Mode of Attendance e.g. Full Time, Part-time, Apprentice, Distance Learning |  |
| | **Reason for Withdrawal – to be completed by the student or registrar signing the form**  **Please indicate MAIN reason** (place X in box) | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | | Employment  (new job) |  | Did not like local environment |  | Too many commitments |  | Written off after lapse of time |  | | Employment  (lost job) |  | Course  (dislike) |  | Personal illness |  | Death |  | | Moved from area |  | Course  (content) |  | Health reasons |  | Exclusion |  | | Financial reasons |  | Course  (too difficult) |  | Family reasons |  | Does not wish to re-take |  | | Accommodation problems |  | Course  (other reasons) |  | Other personal reasons & dropped out |  | Failed to return from interrupted studies |  | | Transfer to another institution |  | Other:  *Please specify* |  | | | | | | | |

| **Signature & declaration**  In signing this form I confirm that I am withdrawing from Buckinghamshire New University from the date of signature and acknowledge any liability for fees I may have OR  I, as an authorised employee of Buckinghamshire New University, confirm the student is to be withdrawn from the date of signature/date stipulated below \*please delete as necessary | |
| --- | --- |
| Please sign here: (Type name if filling in electronically) |  |
| Date of Signature: (This will be the date of withdrawal used for all records (including funding bodies) |  |
| Date of withdrawal **IF NOT** date of signature.  *This will apply in limited circumstances* |  |
| Add a note to explain why this date should apply |  |

| **For Student Records use only** | |
| --- | --- |
| Date record amended: |  |
| Date Student Finance/Other Funding Body/Sponsor informed: |  |
| Notes: |  |