

Withdrawal Form - LTS016

We suggest you speak to your Adviser if you wish to withdraw



Name:

Student number:

School:

Last attendance date:

All students

- Transferred to another institution
- Health reasons
- Gone into employment
- Financial circumstances
- Written off after lapse of time
- Personal circumstances
- Other

Health Sciences students only

- Wrong career choice
- Academic failure
- Dissatisfaction with the Course of Study
- Dissatisfaction with Practice Placement
- Placement failure
- Disclosure and Barring clearance failure
- Dismissed (Academic Misconduct / Disciplinary)
- Completed Course but awarded a qualification that is not associated with eligibility to join the register

Additional comments:

Signature:

Date:

For more information on how we use your information, please see:
<https://www.uea.ac.uk/about/legalstatements/data-protection-for-webforms>

EMAIL THIS FORM TO YOUR HUB

FOR LTS TO COMPLETE

	Date	Initials
Delete modules without marks		
Withdraw student		
Inform faculty		
Student notified by letter		