 **POSTGRADUATE STUDENT WITHDRAWAL FROM STUDY**

Please complete this form if you wish to withdraw from study permanently. Students who wish to take a temporary break from study should complete the relevant suspension of studies form (there are separate forms for taught Postgraduates and research Postgraduates).

We do not wish for our students to leave but we understand that there are often valid reasons why you might need to leave your studies. Before completing this form, please discuss your situation with any of the staff listed below; they are available to discuss options which may allow you to continue with your studies or resume them now or at a later date.

It is important that you complete this formif you wish to leave your studies. Completing this form will ensure that your student record is kept up-to-date, that you are not charged continuing tuition fees and that the relevant Schools and University Offices are informed of your departure from study. Withdrawing or suspending from study may affect your tuition fees; please see our [Refund Policy](https://www.abdn.ac.uk/students/finance/tuition-fee-rates-201819-1916.php) available on the tuition fees website, or contact [tuitionfees@abdn.ac.uk](mailto:tuitionfees@abdn.ac.uk) for more information.

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| Student Identity Number  (enter 8 digit ID number) |  |  |  |  |  |  |  |  |  |  | Date of Birth  (dd/mm/yy) |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Prenames |  |
| Qualification Aimed For |  | Year of Study |  |
| (e.g. PhD; MSc, etc.) |  | (e.g. 1st) |  |

|  |  |
| --- | --- |
| Address for Future Correspondence | |
|  | |
|  | |
|  | POSTCODE |
| Tel No: | |
| Email \*: | |
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\* We will email confirmation of your withdrawal to this email account once it has been processed.

SIGNATURE OF STUDENT: DATE:

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NOTE: The date of withdrawal is the date that this Withdrawal Form is submitted to the Registry[[1]](#footnote-1), and it will be date-stamped on receipt, or counter-signed by a member of Registry staff. You will be a registered student of the University until the Form is submitted and you will be charged the appropriate tuition fees up to the date of receipt as per the [Refund Policy](https://www.abdn.ac.uk/students/finance/tuition-fee-rates-201819-1916.php). Retrospective withdrawal is not permitted. Please return your student id card to us.

N**OTE: IF YOU HOLD A STUDENT VISA**: If you withdraw from study, we are no longer able to sponsor you under your Student visa. The University is obliged to report to the Home Office any international students who have a Student visa and who have withdrawn. Please refer to the terms of your visa.

**PLEASE COMPLETE THE SECTIONS OVERLEAF AND RETURN THIS FORM via email to** [**postgraduate@abdn.ac.uk**](mailto:postgraduate@abdn.ac.uk)**.**

**REASONS FOR WITHDRAWAL FROM STUDIES**

Please indicate your reasons for withdrawal from studies. Doing so will help the University to understand and evaluate the reasons why students suspend their studies or withdraw. Your comments **will be treated in strict confidence** unless you tick the box below.

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| --- | --- |
| I agree that my comments may be discussed with the department/section to which those comments refer. |  |

I HAVE DISCUSSED MY REASONS FOR WITHDRAWAL WITH THE FOLLOWING (Please tick as appropriate):-

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supervisor/Programme Coordinator |  | Student Support Staff |  | Registry Administrative Staff | | |  | School Support Staff | | |  |
|  |  |  | | |  |  | | |  |  | | |  |
| Students’ Association |  | University Medical Practice |  | University Counselling Service | | |  |

**Reasons for suspension/withdrawal from studies** (Please insert numeric value 1 for your main reason. If any further reasons apply rank these in ascending numerical order, i.e 2, 3, 4, 5 etc. Please select as many reasons as apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal/Family Reasons |  |  | Dissatisfaction with Programme of Study |  |
| Ill Health |  |  | Problems with a member of staff |  |
| Financial Problems |  |  | Academic requirements too demanding |  |
| Dissatisfaction with the University |  |  | Transferred to another Higher Education Institution |  |
| Unsettled in Aberdeen |  |  | Other Reasons |  |

It would be extremely helpful if you could expand briefly on your reasons for leaving. Please indicate what additional support you would have found beneficial (e.g. study skills, academic guidance, personal or student support services support) which, if provided, may have resulted in you continuing with your studies rather than withdrawing (continue on a separate sheet if necessary):-

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| Signed: |  | Date: |  |

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| **REGISTRY USE ONLY** |  |  |  |
| Area of Study:.........…………............ | Individual Student Withdrawal screen updated |  |  |
| Date of Suspension/Withdrawal: ……………………. | Fees amended, if necessary |  |  |
|  |  |  |  |
| Circulation ***(this side only)*** to:- | **Date of receipt stamp here:** |  |  |
| School Office |  |  |  |

1. If you notify the Registry in writing of your intention to withdraw from study, and follow that up within 2 weeks by submitting a Withdrawal Form, your end date will be recorded as the date that you first notified the Registry. [↑](#footnote-ref-1)