**WITHDRAWAL FORM**

**(Undergraduate Students)**

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. You may also find the ‘Frequently Asked Questions for students who withdraw from study’ document helpful: <https://www.abdn.ac.uk/infohub/documents/Undergraduate_Withdrawal_FAQ.pdf>.

It is important that you complete this formif you wish to leave, or take a break from, 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.

Thank you.

# Rachael Bernard

Acting Academic Registrar

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Please complete this form **in BLOCK CAPITALS.**

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Identity Number |  |  |  |  |  |  |  |  |  |  | Date of Birth (DD/MM/YYYY) |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Family Name: |  | Pre-names: |  |  |  |
| Qualification Aimed For  (e.g. MA; BSc): |  | Year of Study  (e.g. 1st) |  | Tier 4 visa holder?  (Y/N) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Local Term-time Address (Please tick as appropriate) | | | |
| University Accommodation |  | Private Flat |  |
| Private Halls |  | Family Home |  |

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| Address for future correspondence  ................................................................................………………………………………………………………………………………………  .................................................................................…………………………… Postcode ...................…………..……………….............  Tel No. ……………………………………………………………. E-mail ……………………………………………………………………. |

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| The date of withdrawal is the date that this Withdrawal Form is submitted to the Registry, 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.  Retrospective withdrawal is not permitted.    **IF YOU HOLD A TIER 4 VISA**: If you withdraw from study we are no longer able to sponsor you under Tier 4. The University is obliged to report to the Home Office any international students who have a Tier 4 visa and who have withdrawn. Please refer to the terms of your visa. |

**I have discussed my reasons for leaving with the following** (Please tick as appropriate):-

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Tutor/Regent/ PPA |  | Student Support Staff |  |
| Programme Coordinator/ Teaching Staff |  | Students’ Association |  |
| Registry Officer/Erasmus Team |  | University Counselling Service |  |
| Financial Assistance Staff |  | Other (e.g. Friends and Family, Medical Staff) |  |

**PLEASE COMPLETE THE SECTIONS OVERLEAF. RETURN TO:**

**The Infohub; or Post To University of Aberdeen, Registry Student Services, king’s college, regent walk, Aberdeen, AB24 3fx (**[undergraduate@abdn.ac.uk](mailto:undergraduate@abdn.ac.uk)).

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| **REGISTRY USE ONLY** |  |  |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Withdrawal entered on Student Record |  |
| Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fees amended, if necessary |  |
| Date of Withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Rebate of Fees Authorised (if applicable) |  |
| Circulate to:- |  |  |
| Student Accommodation Office |  |  |
| Student Loans Office/Tuition Fees |  |  |
| Personal Tutor |  |  |
| personaltutor@abdn.ac.uk |  |  |
| School Withdrawal Contact |  |  |

**REASONS FOR WITHDRAWAL FROM STUDIES**

Please indicate your reasons for leaving, or taking a break, from your studies. The information you provide will be reviewed by relevant individuals (including Schools and other departments) to help the University better understand the reasons why students leave, or take a break, from their studies. It is useful for us to understand why students leave so that we can make improvements to our student services as appropriate.

**The School and other departments may wish to contact you for further information, please tick the box if you DO NOT want to be contacted regarding your reasons for leaving.**

**Reasons for leaving** (Please tick all boxes that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Personal reasons, unrelated to your studies |  | Problems with fellow students |  |
| Ill Health |  | Dissatisfaction with the University |  |
| Financial Problems |  | Dissatisfaction with Programme of Study |  |
| Unsettled in Aberdeen |  | Problems with a member of staff |  |
| Academic requirements too demanding |  | Transferred to another Higher Education Institution |  |
| Academic requirements too easy |  | Other Reasons: Please indicate below |  |

It would be extremely helpful if you could expand on your reasons for leaving. Is there anything the University could have done which would have resulted in you continuing with your studies rather than leaving (please continue on a separate sheet if necessary):-

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**RETURNING TO STUDY**

If you have decided to return to study you will need to apply for readmission, by completing the *Application for Internal Transfer or Readmission Form* which can be downloaded from [www.abdn.ac.uk/infohub/study/readmission](http://www.abdn.ac.uk/infohub/study/readmission). (Not applicable to Erasmus and PGDE students).

**Are you planning to apply for readmission?** YES / NO (delete as appropriate)

**If yes, is there anything that the University or School could do to enable you to resume your studies more easily? Please specify:**

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**Please note: If you have indicated that you would like to return to study the University, or the School, may contact you in the future, regarding your studies.**

Signature: ............................................................................................................... Date: ........................................................