Before completing this form you should speak to your Course Leader and/or Personal Support Tutor for relevant advice and guidance about your withdrawal request. Failure to complete all relevant sections may cause a delay in processing. Please submit the form to the Student Enquiry Desk or email it to universitystudies@wsc.ac.uk .

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| Withdrawal Request (to be completed by student) |
| Student Name |  | **Student ID** |  |
| Signed |  | **Date** |  |
| Current course |  |
| Withdrawal date |  |
| Email address (to send confirmation of withdrawal to) |  |

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| **To be completed by University Studies Staff** |
| Please tick whichever is appropriate | Withdrawn  |  | Non-Starter |  | Non-Enroller |  |

|  |  |
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| Reason for ending: (Please tick one reason only) |  |
| Academic fail |  | Financial |  | Wrong career |  | Course Leader Signature |
| Transfer to other institution |  | Financial sanctions (Debtor) |  | Other |  |  |
| Health |  | Personal |  | Completed intended credit |  | HE Officer Signature |
| Deceased |  | Employment commitments |  | Wrong institution |  |  |
| Exclusion |  | Written off after lapse of time |  | Wrong course |  | **Please ensure evidence of withdrawal date is provided** |

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| **To be completed by CIS/Finance** |
| No Fee Change required (please tick if appropriate) |  | Initials |  |  |  |  |
| Original Fee Payable | £ |  | Revised Fee to be Charged (calculate from withdrawal date) | £ |  |  |
| How are student fees being paid? *(Please indicate by ticking appropriate box(es))*  | Student |  |  SLC\* |  |  Sponsor |  |
| \*SFE CoC Requested (if applicable):  | Date |  |  |
| Signature |  | Date |  |