**REQUEST TO WITHDRAW PERMANENTLY FROM A COURSE**

This form is a formal request to withdraw from your studies. It must be completed and submitted before your withdrawal can be actioned.

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| **SECTION 1** – Checklist of actions to take BEFORE requesting withdrawal from your studies |

**ALL students:**

* Read relevant information available on [Ask Herts](https://ask.herts.ac.uk/withdrawing-from-university)
* Discuss your options and agree your intentions with your Programme Leader.

**Student who pay tuition fees to UH either directly or via a student loan**:speak with the Student Account Management team to ensure you are aware of how withdrawal may affect your tuition fee liability ([student-finance@herts.ac.uk](mailto:student-finance@herts.ac.uk))

**Students in receipt of SLC funding**: speak with the Student Funding & Financial support team to ensure you are aware of how withdrawal may affect your current funding *and* any future funding eligibility ([funding@herts.ac.uk](mailto:funding@herts.ac.uk))

**Students studying on a Student visa**: speak with the Student Immigration Team to ensure you are aware of how withdrawal will affect your / your dependants visa status ([sitadvice@herts.ac.uk](mailto:sitadvice@herts.ac.uk))

**Students residing in University accommodation**: speak with the Residential Allocations team to ensure you are aware of how withdrawing will affect your accommodation contract ([accommodation@herts.ac.uk](mailto:accommodation@herts.ac.uk))

**Students studying on a degree apprenticeship course**: speak with your employer about your plans. Your employer **must** complete and sign Section 6 of this form.

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| **SECTION 2** – Provide your student details | |
| UH ID Number: |  | |
| First Name: | Surname: | |
| Email address: | Phone: | |
| Are you withdrawing from all courses on which you are registered? Yes No  **If ‘No’: enter details of the course and course instance you are withdrawing from below:** | | |
| Course code\*: | Course instance\*: | |
| Course/Programme Name\* | | |

*\*Details of your course are displayed on your Student Record which you can access via Canvas*

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| **SECTION 3** – Reason for withdrawal |

Tick box against ONE option from the list below to indicate why you are requesting withdrawal from studies. Alternatively, you should provide a reason in the text box on the next page.

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| Personal – Student personal financial difficulties | ☒ | Personal – Parental leave (Maternity) | ☒ |
| Personal – Unable to continue due to ill health |  | Personal – Other parental leave (Paternity/Adoption) |  |
| Personal – Change in personal circumstances |  | Personal – Caring responsibilities |  |
| Personal – Left to take up employment/self-employment |  | Personal – Pregnancy |  |
| Personal – Student Dissatisfaction with Professional Placement |  | Personal – Student disability |  |
| Personal – Transferred to another course at another institution |  | Personal – Student Dissatisfaction with course |  |
| Personal – Transferred to a similar course at another institution |  | Personal – Career change |  |
| If none of the above reasons apply, please provide a detailed reason for your withdrawal here: | | | |
| **SECTION 4** – Student declaration | | | |

*I confirm that I have taken all necessary advice and actions as set out in Section 1 of this form and wish to proceed in*

*withdrawing from my studies.*

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| Student signature: | Date: |

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| **SECTION 5** – Academic approval be completed by your Programme Leader |  |

Agreed ‘Exit Date’ based on submission date of withdrawal form (DD/MM/YYYY):

Signature Name *(in block capitals)* Date

**For Degree Apprenticeship students withdrawing, please also complete the following:**

Last date of evidenced learning activity (last date of recorded OTJ):

Actual OTJ (off the job) training hours completed by the last date of learning:

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| **SECTION 6** – for DEGREE APPRENTICESHIP STUDENTS ONLY - Employer agreement |

**Employers**: please complete & sign below to confirm your agreement for this student status change:

Company Name: Job Title:

Signature Name *(in block capitals)* Date

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| **SECTION 7** – For administrative use only |

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| Date received by office (DD/MM/YYYY): |  |
| System updated (DD/MM/YYYY): | User: |
| If student is withdrawing from other course enrolments, please forward this form to the relevant administration team: | |
| Hub forwarded to: | Date forwarded: |