**SECTION A – STUDENT DETAILS**

|  |  |
| --- | --- |
| STUDENT ID NUMBER |  |
| SURNAME |  |
| FIRST NAME |  |
| COURSE TITLE |  |
| COURSE CODE |  |
| COURSE START DATE |  |
| WITHDRAWAL DATE\* |  |

**\* Please use the date a withdrawal decision has been made on. Definitive date should be determined based on information available from attendance data, VLE data (if used) and any other relevant data sources.**

**PLEASE COMPLETE THE REASON FOR WITHDRAWAL: (PLEASE ONLY SELECT ONE REASON)**

|  |  |
| --- | --- |
| Transferring to another Institution |  |
| Failure to proceed (multiple academic failures) |  |
| Health reasons |  |
| Death |  |
| Financial reasons |  |
| Other personal reason |  |
| Expulsion |  |
| Gone into employment |  |
| Non-submission to assessment |  |
| Non-engagement with the course |  |

**IF TRANSFERRING TO ANOTHER INSTITUTION PLEASE STATE WHICH INSTITUTION BELOW (IF KNOWN):**

|  |
| --- |
|  |

**SECTION B – AUTHORISATION**

**Has this withdrawal been initiated by the student or the partner institution:**

Initiated by the student.

Initiated by the partner institution.

**If the student has initiated the withdrawal, they will need to read the statement below and sign:**

I, the undersigned, declare that I wish to be withdrawn from the course (as stated in the above section) and by doing so, I understand (and have been advised by the partner institution) the financial, regulatory and immigration implications of my withdrawal:

|  |  |
| --- | --- |
| **STUDENT FULL NAME:** |  |
| **SIGNATURE:** |  |
| **DATE APPROVED:** |  |

**For both partner and student-initiated withdrawals, an appropriate partner representative will need to read the statement below and sign:**

I, the undersigned, declare that all reasonable attempts have been made to contact the student and re-engage them with the course (if appropriate/applicable) and that the student has been advised about their withdrawal (including advice about any financial, regulatory and immigration implications):

|  |  |
| --- | --- |
| **STAFF FULL NAME:** |  |
| **JOB TITLE:** |  |
| **PARTNER INSTITUTION NAME:** |  |
| **SIGNATURE:** |  |
| **DATE APPROVED:** |  |

**ANY ADDITIONAL INFORMATION**

|  |
| --- |
|  |

**SECTION C – EXIT AWARD (TO BE COMPLETED BY THE UWL ACADEMIC ADMINISTRATION OFFICE)**

**Is the student eligible for an exit award?**

Yes

No

If **yes,** please complete the below:

|  |  |
| --- | --- |
| **Academic credits achieved:** |  |
| **Eligible award outcome:** |  |
| **Date of the Assessment Board (or Chair’s Action):** |  |

\*Academic and finance regulations around student changes of circumstances can be found on the UWL policies webpage: [Policies and regulations | University of West London (uwl.ac.uk)](https://www.uwl.ac.uk/about-us/policies-and-regulations)