



UFORM007 Student Withdrawal Form Rev 1

Before filling in this form, please discuss your decision to withdraw with your Teacher and/or Programme Manager. We want you to make the right decision for you.
By signing this form, you are informing Unihaven College that you wish to withdraw permanently from the programme.

Personal Details

Full Name:	
Address for Correspondence:	
Phone Number:	
Email:	
Programme Title:	
Date of Withdrawal:	

Reasons for Withdrawal

Please indicate the reason for your withdrawal

1: Employment		2: Medical	
3: Financial		4: Did Not Like Course	
5: Other Reason		5: Not suited to course	

Please give a brief statement on your reasons for withdrawal

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Declaration

I confirm that I am aware of options available to me other than withdrawal and that I am aware of the implications of withdrawing from my programme of study, including the non-refund of my fees.

Signed: _____ Student	Date: _____	Signed: _____ Staff Member	Date: _____
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