

REQUEST FOR LATE WITHDRAWAL FROM MODULE

| | | | | | |
|----------------|----------------|------------|---------------|-----------|--|
| Student Name | | Student ID | | Programme | |
| Module(s) Name | Module(s) Code | Term | Mode of Study | | |
| | | | | | |

Withdrawal without Cause

Withdrawal with Cause*

No of classes attended :
for the module(s) listed

REASON FOR LATE WITHDRAWAL

STUDENT DECLARATION

I hereby notify the University that I wish to withdraw from the module(s) shown and I acknowledge that I have been informed of the programme duration policy, and my financial obligations.

Student Signature

Date

| | | | |
|--|--|-----------|-------|
| Personal Tutor: | | | |
| Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> | _____ | _____ |
| | | Signature | Date |
| Head of Programme/ Programme Coordinator: | | | |
| Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> | _____ | _____ |
| | | Signature | Date |
| Dean: | | | |
| Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | _____ | _____ |
| | | Signature | Date |

FOR OFFICE USE ONLY

COURSES Graded as LW _____

FINANCE: Full module fee Payable Half Module Payable

Signature _____

Copy to : Module Tutor

Original to: Student File

* Students seeking withdrawal from a module 'with cause' at any point after 30% classes must submit the completed form together with medical or other evidence in support.