

# PARTNER & NETWORK COLLEGE



## WITHDRAWAL FORM

### IMPORTANT INFORMATION

Please only use if the student is to be permanently withdrawn from their programme of study in this academic year.

As withdrawal may have financial implications the student should be advised to communicate with College staff or Student Finance at [studentfinance@gre.ac.uk](mailto:studentfinance@gre.ac.uk) for further advice.

Please forward completed form to Student Records, University of Greenwich via the following email account: [srteam@gre.ac.uk](mailto:srteam@gre.ac.uk)

### College staff to complete - STUDENT AND PROGRAMME DETAILS:

**Student ID:**

**First Name:**

**Surname:**  **(optional) Student Signature:**

**College:**

**Programme No: & Title:**

**Date form completed:**

**College - Signature & Name:**

### Reason for the Withdrawal: *please indicate one reason only*

Academic	Personal	Financial	Health	Gone into employment	Enrolling with another university
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### SRTEAM OFFICE USE ONLY:

Date Withdrawal processed: ...../...../.....

Name:..... Signature:.....

*Scan into Xtender once completed.*