

## WITHDRAWAL

<b>RMS:</b>
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Please use this form if you're withdrawing from your programme at the university.

Submit your completed form to your nearest **Student Support Centre**:

- Kedleston Road    • Britannia Mill    • Markeaton Street    • Buxton    • Chesterfield

**Student No:** \_\_\_\_\_

**This change may have financial implications.**

**Name:** \_\_\_\_\_

For further details of how this may affect you please contact the Student Records and Fees team:

**Date of Birth:** \_\_\_\_\_

**studentrecordsandfees@derby.ac.uk**

**Programme Title:** \_\_\_\_\_

**01332 591063**

**Programme Code:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_

**International Students (Non EEA Nationals)**

**Reason**

Please note that signing this form could impact on your right to remain as a student in the UK. Please contact the International Student Centre regarding visa implications:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Health  | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Gone into employment                              | <input type="checkbox"/> Personal  |
| <input type="checkbox"/> Programme issues                                  |                                    |
| <input type="checkbox"/> Accommodation issues                              |                                    |
| <input type="checkbox"/> Transfer to other institution                     |                                    |
| <input type="checkbox"/> Immediate withdrawal                              |                                    |
| <input type="checkbox"/> <b>Academic use only</b> (Please initial: _____ ) |                                    |
| <input type="checkbox"/> Other _____                                       |                                    |

**visa@derby.ac.uk      01332 591616**

Academic Approval	Name	Signature	Date
Programme Leader			

Comments: \_\_\_\_\_

Student Liaison Officer Review	Name	Signature	Date	RMS
Student Liaison Officer				

Comments: \_\_\_\_\_

<b>Student Signature:</b> _____ <b>Date:</b> _____
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<b><u>Student Records &amp; Fees Action</u></b>		
Peoplesoft:	Tuition Fees:	HEI Portal: