

WITHDRAWAL

Please use this form if you're withdrawing from your programme at the university.

This change may have financial implications. For further details of how this may affect you please contact your college team.

Student No: _____

Name: _____

Date of Birth: _____

Programme Title: _____

Programme Code: _____

Date of Withdrawal: _____

Reason: _____

- | | |
|--------------------------------------------------------|------------------------------------|
| <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"/> Other _____ | |

Academic Approval	Name	Signature	Date
Programme Leader			

Comments: _____

*Privacy notice -The information that you supply on this form will be held and processed in line with the Data Protection Act 2018 and GDPR. We use this information to process your request. We share this data with internal and external agencies where consent has previously been agreed, it will not be used for any other purpose. We may contact you for further information.
We retain this data for a period of 6 years after that time it is deleted securely.*

I give my explicit consent for my details to be used in this manner.

As a data subject you can withdraw that consent at any time by contacting gdpr@derby.ac.uk

Further information on how we handle your information can be found here on our website - <https://www.derby.ac.uk/its/datagov/privnotice/>

Student Signature: _____ **Date:** _____