**Student Withdrawal Form**

**My Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Date of Attendance: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

**Withdrawal Details**

Please indicate your main reason for withdrawing (please select all that apply):

* Transfer [ ]
* Health Reasons [ ]
* Financial Reasons [ ]
* Going into Employment [ ]
* Other Personal Reasons. If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if you contacted your Programme Leader:**

Yes [ ]

No [ ]

**Please indicate if you contacted Student Advice & Wellbeing:**

Yes [ ]

No [ ]

Declaration

I confirm that I have discussed my circumstances with my Programme Leader / School and wish to withdraw permanently from the university. I understand that I may be contacted by the School regarding my decision. I have read the guidance notes and understand the implications of withdrawing from Liverpool John Moores University.

**Please email your completed form to your Programme Administration Team with any relevant evidence.**

**Staff Only: Please forward a copy of this form to your Administration contact in LJMU immediately.**