

APPENDIX 2: SUSPENSION OF STUDIES & WITHDRAWAL POLICY

SUSPENSION OF STUDIES FORM

This form is for fully enrolled students who wish to suspend their studies.

Name		Student ID Number	
Course		Date of birth	
Mode (FT / PT)		Telephone number	
Year		Personal email	

Reason for suspension of studies (please tick one box):			
Domestic (personal/family issues)	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Health	<input type="checkbox"/>
Other (note below)		<input type="checkbox"/>	

Last date of attendance:	
Agreed Date of restart:	
Course/year/mode returning to (if different to above):	

Assessments Completed:	Grade Achieved:

Signatures:

Student			
Signature		Date	
Course Leader			
Signature		Date	