**WITHDRAWAL FROM A POSTGRADUATE RESEARCH PROGRAMME**

**Please complete in full and return to your primary supervisor**

|  |  |
| --- | --- |
| **SECTION A – To be completed by the student** | |
| **Student ID Number** |  |
| **Surname (Family Name)** |  |
| **First Name** |  |
| **Faculty** |  |
| **Department/School** |  |
| **Date of Withdrawal** |  |
| **Reason for Withdrawal (please give full details)** |  |
| **Please state if you receive funding, if so from what source? (e.g. AHRC/EPSRC/Embassy)** |  |
| **Please indicate if you are a Tier 4 Visa holder?** | YES NO |
| **Signature** |  |
| **Date** |  |
| **SECTION B – Primary Supervisor** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone contact no.** |  |
| **SECTION C– PGR Administrator** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **SECTION D– School/Institute/ Dept Director of PGR** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

Please ensure that the Department/Division/School office retains the original form and a copy is sent to the LDC Student Experience Team for input into BANNER.