Registry, Academic Services **Request to Permanently Withdraw** for Degree Apprenticeship programmes

Permanently withdrawing from your studies means that you have decided to stop studying at the University and that you have no intention of returning to continue your programme of study in the future.

If you are considering permanently withdrawing from the University, you are strongly advised to meet with your Personal Tutor and employer for advice and guidance before making a final decision.

# Other sources of help and advice available:

[Guild Advice](https://www.guildofstudents.com/support/guildadvice/who-we-are-guild-advice/) based in the Guild

Advice via [www.studenthelp.bham.ac.uk](http://www.studenthelp.bham.ac.uk/)

If after seeking advice you still wish to withdraw, you should complete this form and return it to your School or Department. Following approval your school will forward the completed form on to Taught Student Administration (dastudentenquiries@contacts.bham.ac.uk) for processing.

Once your record has been updated you will receive confirmation to the email address provided below.

|  |  |
| --- | --- |
| **Name:** | **Student ID Number:** |
| **Programme of Study:** | **Year of Study (e.g.Year 2)** |
| **Email Address:** |

**Reasons for withdrawing (optional)** *Please provide further information if you wish:*

Medical Financial

Transfer to another University Employment Commitments Other/personal reasons

Last date of attendance and/or engagement: This form cannot be accepted without this information, if unsure please give an approximate date

*..……/…..…/………*

**Accommodation**

Are you currently living in University accommodation?

YES/NO (Delete as appropriate)

Declaration: I confirm that I understand the implications of permanently withdrawing from the University

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

# To be completed by your Programme Director:

**The School has informed the apprentices employer of this Withdrawal (please tick box)**

**Signature of Programme Director:**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

**Confirmation of total actual off-the-job hours completed by the learner…………………….**

**Evidence of last date of learner activity received, and this date matches the last date of engagement**

**Please forward this form to Taught Student Administration within 5 working days of submission by the apprentice.**