

**Termination of Studies**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student Information** | | | | | | | | | | | |
| Student’s Full Name: | |  | | | | | Student ID Number: | | |  | |
| Programme Title: | |  | | | | | Level of Study:  (e.g., 4, 5, 6, 7) | | |  | |
| Are you a Tier 4 Student? | | **Yes**  **No** | | | | | Last date of attendance: | | |  | |
| **Reason for terminating studies (please tick one box)** | | | | | | | | | | | |
| **Academic** | **Tick** | **Career/**  **Employment** | **Tick** | **Financial** | **Tick** | **Health** | | **Tick** | **Personal** | | **Tick** |
| Course intensity |  | Focus on career |  | Insufficient Funds |  | Illness | |  | Homesickness | |  |
| Unprepared for study |  | Employment |  | Fee sponsor issues |  | Pregnancy/Maternity/  Paternity | |  | Carer Responsibility | |  |
| Course Preference |  | Other  *(Provide details below)* |  | Fee Status Issue |  | Accident | |  | Visa issues | |  |
| Other *(Provide details below)* |  |  |  | Lack of financial support |  | Disability | |  | Bereavement | |  |
|  |  |  |  | Other  *(Provide details below)* |  | Mental Health | |  | Relocation | |  |
|  |  |  |  |  |  | Prefer not to say | |  | Prefer not to say | |  |
|  |  |  |  |  |  | Other *(Provide details below)* | |  | Other  *(Provide*  *details below)* | |  |
| Please provide details here if you have selected other reason. | | | | | | | | | | | |
| **Student’s Declaration** | | | | | | | | | | | |
| By signing this form, I confirm that above information is correct.  Student’s Signature: Date: | | | | | | | | | | | |
| **Authorised by:** | | | | | | | | | | | |
| Associate Dean (Academic)  Programme Leader  Personal Tutor  Signed: Date: | | | | | | | | | | | |