# 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) |  | Financial |  | Other (note below) |  |
| Professional |  | Health |  |  | |

|  |  |
| --- | --- |
| 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 | |  | |