



## Student Withdrawal Form

### My Details

Full Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Programme of Study: \_\_\_\_\_

Last Date of Attendance: \_\_\_/\_\_\_/\_\_\_\_\_

### Withdrawal Details

Please indicate your main reason for withdrawing (please select all that apply):

- Transfer
  - Health Reasons
  - Financial Reasons
  - Going into Employment
  - Other Personal Reasons. If other, please specify: \_\_\_\_\_
- 

**Please indicate if you contacted your Programme Leader:**

Yes

No

**Please indicate if you contacted Student Advice & Wellbeing:**

Yes

No

Declaration

I confirm that I have discussed my circumstances with my Programme Leader / School and wish to withdraw permanently from the university. I understand that I may be contacted by the School regarding my decision. I have read the guidance notes and understand the implications of withdrawing from Liverpool John Moores University.

**Please email your completed form to your Programme Administration Team with any relevant evidence.**

**Staff Only: Please forward a copy of this form to your Administration contact in LJMU immediately.**