

 **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: |