

REQUEST TO INTERRUPT/WITHDRAW

- Students are advised to contact Enrolments and Records for guidance on how this change might affect their student finance, their visa, and their status before requesting any change.
- All interruptions and withdrawals must be authorised by the Head of Department/Departmental Senior Tutor responsible for their programme of study.
- Interrupted students must show a doctors certificate or medical note to the Head of Department/Departmental Senior Tutor at point of interruption, if the reason is health, and re-enrolment will be only be permitted should they be confirmed as fit to resume studies.
- Interrupted students for whom CRB and occupational health checks are compulsory, may be subject to repeat checks at the approved restart date and will be asked to re-apply for CRB where the period of interruption exceeds 3 months or extends into the subsequent session.
- Students must ensure all details are correct before submitting completed forms to Enrolments and Records, as amendments will not be made subsequent to submission.
- Forms must be returned promptly to Enrolments and Records, Room 117, Richard Hoggart Building, within 2 weeks of the date of interruption/withdrawal. Requests submitted more than 2 weeks after the last date of attendance will not be eligible for a refund and payment of the full fees will be due.
- Tuition fee liability and refunds are calculated in accordance with the College's General Regulations.

STUDENT REF.	SURNAME	FORENAMES	DATE OF BIRTH
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PROGRAMME OF STUDY	STAGE	MODE
		Part- / Full-time

REQUEST TO (DELETE AS NECESSARY): INTERRUPT / WITHDRAW	
EFFECTIVE DATE OF INTERRUPTION / WITHDRAWAL	
RESTART DATE (IF INTERRUPTING)	

PLEASE INDICATE THE MAIN REASON FOR THIS CHANGE (✓ one box only):		
<input type="checkbox"/> 03 - Transferred to another institution	<input type="checkbox"/> 04 - Health reasons	<input type="checkbox"/> 06 - Financial reasons
<input type="checkbox"/> 07 - Other personal reasons	<input type="checkbox"/> 10 - Gone into employment	

STUDENT DECLARATION: I have read and understood the General Regulations (http://www.gold.ac.uk/regulations/). I confirm that all details on this form are correct, and understand that personal data held by the College may be stored in paper/and or electronic form in accordance with the provision of the Data Protection Act (1998), and for the purposes outlined in the College's Data Collection Notice (http://www.gold.ac.uk/data-protection/)	
SIGNATURE	DATE

AUTHORISATION OF HEAD OF DEPARTMENT/SENIOR TUTOR – I confirm that members of the department have met with the student to discuss their decision. All details on this form are correct.					
NAME		SIGNATURE		DATE	
NAME		SIGNATURE		DATE	

Student Services:	Received	Processed	Assessments / Fees	Student
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