

ACL Costs Lawyer Training Course
Withdrawal/Postponement Form

Name of student:

Unit Number:

Reason for withdrawal/postponement:

Please indicate if you are withdrawing permanently from the course or postponing your studies:

Withdrawing

Postponing

If you are postponing your studies please indicate when you plan to return to the course:

...../..... month/year

Please note that it is your responsibility to contact ACL when you plan to return to the course.

Signed

Date

Part 2 (Only to be completed where withdrawal is initiated by staff member):

Reason for withdrawal/postponement:

Record of Engagement (express as a %)

Module 1	Module 2	Module 3
Module 4	Module 5	Module 6

Assignment Grades (express as a %)

Module 1	Module 2	Module 3
Module 4	Module 5	Module 6

Tutor Discussions (record of communication with student including date and action arising):

Signed
Date