



Withdrawal/Postponement Form

Name of Student:		Unit Number:	
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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 the ACL Office when you plan to return to the course.

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

Reason for withdrawal/postponement:

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

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Signed:		Date:	
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