# Withdrawal of Studies Form

- Please read the guidance in the <u>Interruption of Studies and Withdrawal Policy</u> document before completing this form.
- LONDON SCHOOL MYGIENE &TROPICAL MEDICINE
- Overseas students: please contact the Immigration Advisory Service about potential visa implications. (email <u>visa-enquiries@lshtm.ac.uk</u>)
- The form should be completed and signed by the relevant signatories and then sent to Registry (<u>studentrecords@lshtm.ac.uk</u>). Where applicable, please attach supporting evidence (e.g. doctor's certificate).

## Please complete this section in BLOCK LETTERS

Student Number	Title (Mr, Ms, Mrs etc.)	
Surname (Family name)		
All other names		
Programme or Faculty & Department (please specify MSc, MPhil,PhD, DrPH, PGCiLT etc)		

### Reason for Withdrawal (Please attach supporting documents, if applicable)

#### Signature of Student

Signed:		Date:	
	s in receipt of Funding/Sponsorship Only: have spoken with my funding body/sponsor regarding the implications of this	Date:	
For Overseas Students Only: I confirm that I have spoken with the Immigration Advisory Service regarding the visa implications. Please attach email confirmation from the Immigration Advisory Service of this correspondence.		Date:	

#### FOR REGISTRY USE:

Approved by Head of Student Records	Date:
US Loan Approval	Date:
ESRC/MRC/Scholarship -checked for stipend	Date:
Noted by Student Immigration & Compliance Manager /If CAS Number Inform UKVI	Date:
SITS Action/Cancel TFL Card	Date:
Fee Action	Date:
Student informed	Date:
Programme Director/TSO Programme Administrator/Supervisor/FRDM Informed	Date:
Head of Student Records	Date: