Higher Degree by Research  
HDR53 - Withdrawal Form

For Research Degree Candidates.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Number** |  |  |  |  |  |  | **Course** |  |
| **Candidate’s Family Name** |  | | | | | | **Given Name** |  |
| **Current Principal Supervisor** |  | | | | | | **College** |  |

**I wish to withdraw from the following course (please tick):**

|  |  |
| --- | --- |
|  | Doctor of Philosophy |
|  | Masters by Research |

**My reasons for withdrawal are (please tick):**

|  |  |
| --- | --- |
|  | WITHDREW VOLUNTARILY DISSATISFACTION WITH COURSE CONTENT |
|  | WITHDREW VOLUNTARILY DUE TO EMPLOYMENT REASONS |
|  | WITHDREW VOLUNTARILY DUE TO FINANCIAL REASONS |
|  | WITHDREW VOLUNTARILY DUE TO HEALTH REASONS |
|  | WITHDREW VOLUNTARILY DUE TO REDEPLOYMENT WITH DEFENCE FORCES |
|  | WITHDREW VOLUNTARILY DUE TO RELOCATION OF RESIDENCE |
|  | WITHDREW VOLUNTARILY  DUE TO OTHER REASONS |

**Please include below any additional feedback you would like to provide:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| **Date for withdrawal to be effective (DD/MM/YYYY):** | |  |  |  |  |  |  |  |  |

**Signatures:**

|  |  |  |
| --- | --- | --- |
| Candidate | Signed: | Date: |
| Principal Supervisor | Signed: | Date: |
| College Dean | Signed: | Date: |