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| **Section 1: Details of the candidate** | |
| Name of candidate |  |
| Faculty |  |
| Principal Supervisor |  |
| Student Number |  |

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| **Section 2:** | |
| I wish to withdraw from the following course (please tick): | |
| Doctor of Philosophy | Masters by Research |

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| **Section 3:** |
| 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 |

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| **Section 4: Feedback** |
| Please include below any additional feedback you would like to provide: |
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| **Section 4: SIGNATURES** | | |
| Candidate | Signature: | Date: |
| Principal Supervisor | Signature: | Date: |

***Candidate:*** *Please submit form to your Faculty or School HDR Administration team once endorsed by Principal Supervisor.*

***Faculty/ School HDR Administration:*** *Please submit form to* [*research.degrees@cdu.edu.au*](mailto:research.degrees@cdu.edu.au) *once endorsed by Faculty PVC/Delegate or Director/Delegate.*