



WITHDRAWAL NOTIFICATION

All sections of this form must be completed

SECTION 1 - To be completed by **CANDIDATE**:

Name:	Student No:
Degree:	Stage:

1. Start Date:
2. Last Date of attendance:
3. Reason for withdrawal:

Signed _____ Date _____ (Candidate)
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SECTION 2 - To be completed by **MAIN SUPERVISOR**:

Comments:

Signed _____ Date _____ (Main Supervisor)	For Graduate School Office Use Only:
Name _____	System Input <input type="checkbox"/>
	DB Input <input type="checkbox"/>
	Signed _____

● YOU SHOULD NOW RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING'S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU ●