## WITHDRAWAL NOTIFICATION

All sections of this form must be completed

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree:</td>
<td>Stage:</td>
</tr>
</tbody>
</table>

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

Signed ___________ Date ___________
(Candidate)

### SECTION 2 - To be completed by MAIN SUPERVISOR:

Comments:

Signed ___________ Date ___________
(Main Supervisor)

For Graduate School Office Use Only:

- System Input
- DB Input

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*