REQUEST FOR A TEMPORARY OR PERMANENT WITHDRAWAL FROM MASTER'S STUDY

PERSONAL DETAILS

Title: ☐ Mr ☐ Miss ☐ Ms ☐ Mrs ☐ Dr ☐ Other *(Please specify)* _____

Family name: _____

Given name(s): _____

Current address: _____

_____

_____

Email address: _____

Student ID Number: | | | | | | | |

Degree enrolled for: e.g. MSc, MA, MHealSc

Supervising Department:

WITHDRAWAL OPTIONS (please tick one)

☐ **Option 1: Temporary Withdrawal -** (Full-month tuition fees for thesis only are rebated for any calendar month where the withdrawal is for the entire month)

If your temporary withdrawal period ends either 30 June or 24 December, you are required either to re-enrol or to seek approval for a further withdrawal period. (Withdrawals will only be granted for periods of six weeks or more).

From: _____ / _____ / 20____ **To:** _____ / _____ / 20____

Day *Month* *Year* *Day* *Month* *Year*

Semester One: start date 02 January, end date 30 June Semester Two: start date 01 July, end date 24 December

- Research Master's thesis students are required to have a continuous enrolment from start date to submission.
- Pro-rata fees apply only to those Master's students who are required to submit a thesis **not** a dissertation or research project as part of their study.
- During the period of your withdrawal you have no right to use any services or support from the University.
- You **must** ensure that you keep the Department informed of your contact details and your intentions regarding further study.
- You **must** take a signed copy of this form to StudyLink as your withdrawal may affect your student loan/allowance entitlement.

☐ **Option 2: Permanent Withdrawal -** (Part-semester withdrawals are not eligible for pro-rata tuition fees)

Effective date for Permanent Withdrawal: _____ / _____ / 20____

Day *Month* *Year*

REASON(S) FOR WITHDRAWAL

☐ Employment
☐ Parental Responsibilities
☐ Health
☐ Financial
☐ Travelling overseas
☐ Research and/or experiments providing unsatisfactory results
☐ Transferring to another University
☐ Lost interest
☐ Other (please explain) _____

_____

CONSENT AND AGREEMENT

IMPORTANT PLEASE READ

Student – Please complete and sign this form then forward it to your Supervisor for signing.

Supervisor – Please sign the form and forward to your HOD/Board of Graduate Studies (Health Sciences)/Dean (or nominee), then on to the PVC (or nominee)

Department/Divisional Office – Please attach any correspondence you have relating to this application

	Name	*Signature*	*Date*
Student:			
Supervisor:			
HOD/Dean or Nominee:			
Pro-Vice-Chancellor or Nominee:			

Send the completed form to: The Group Leader, Student Records Office, Student Administration, P O Box 56, University of Otago 9054

Confirmation of approval of this application will be sent to the student, Head of Department, Divisional Office, Student Fees Office and the International Office (where applicable).