



# REQUEST FOR DEFERRAL OR PERMANENT WITHDRAWAL FROM DOCTORAL PROGRAMME

Name:  Student ID Number:

Department:

Address:

International students should be aware that deferral or withdrawal may affect their immigration status; please contact the International Office ([student.visa@otago.ac.nz](mailto:student.visa@otago.ac.nz)) for further information.

Please indicate the type of request:

PERMANENT WITHDRAWAL

Withdrawal will be actioned from the last date of enrolment, or the date of approval (whichever is earlier). Please note that part-semester withdrawals are not eligible for pro rata refunds of tuition fees.

Please tick this box if you are intending to transfer into a Master's degree programme

DEFERRAL (temporary suspension of study)

Deferrals are approved on a monthly basis; where necessary, backdating is permitted:

First month of deferral:  /       Final month of deferral:  /   
Month                      Year                                      Month                      Year

Note: Semester One is January to June; Semester Two is July to December.

## REASON FOR WITHDRAWAL OR DEFERRAL

Justification is required for a deferral; please provide details about why a deferral is essential and how it will affect your research programme in terms of completing your thesis (if space is insufficient, please attach details):

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## SIGNATURES AND CONSENT

Candidate	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	20
Primary Supervisor	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	20
Name ( <i>printed</i> )	<input type="text"/>				
Head of Department	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	20
Name ( <i>printed</i> )	<input type="text"/>				
Dean ( <i>if applicable</i> )	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	20
Name ( <i>printed</i> )	<input type="text"/>				
Pro-Vice-Chancellor	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	20
Name ( <i>printed</i> )	<input type="text"/>				

Please return the completed form to the PhD Office, Clocktower Building (contact [phd@otago.ac.nz](mailto:phd@otago.ac.nz))

Director, GRS  Date   20