REQUEST FOR A TEMPORARY OR PERMANENT WITHDRAWAL FROM MASTER’S THESIS

Student ID Number: 

PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Title:</th>
<th>Mr</th>
<th>Miss</th>
<th>Ms</th>
<th>Mrs</th>
<th>Dr</th>
<th>Other (Please specify)</th>
</tr>
</thead>
</table>

Family name: 

Given name(s): 

International student: Yes No

Scholarship recipient: Yes No

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

Supervising department

Email address: 

WITHDRAWAL OPTIONS (please tick one)

- **Option 1: Temporary Withdrawal** - Withdrawals are approved from the first of the month to the end of a month.

  - If your temporary withdrawal period ends either June or 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 one month or more).

  - First month of withdrawal: Month / Year
  - Final month of withdrawal: Month / Year

  - Masters thesis students are required to have a continuous enrolment from start date to submission.
  - 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 and/or student allowance entitlement.

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

  - Effective date for Permanent Withdrawal: Day / Month / Year

REASON(S) FOR WITHDRAWAL

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

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

Student: 

Name  Signature  Date

Supervisor: 

Name  Signature  Date

HOD/Dean or Nominee: 

Name  Signature  Date

Pro-Vice-Chancellor or Nominee: 

Name  Signature  Date

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

OFFICE USE ONLY:

- Comment
- Thesis dates
- Fees
- Letter
- C/Course/Enrolment