



Faculty of Dentistry

Withdrawal Form (Undergraduate)

Applicant Name:

Student ID number:

Programme:

Year withdrawing:

Temporary withdrawal (one year only)

Permanent withdrawal

International students should be aware that withdrawal may affect their immigration status; please contact the International office (student.visa@otago.ac.nz) for further information.

Students who have withdrawn from a programme no longer have access to University resources eg library and Blackboard.

Reason for withdrawal

Please outline your reason/s for requesting a withdrawal and attach relevant supporting documentation eg a medical certificate. (attached additional pages if necessary)

Readmission

I plan to reapply for readmission to the _____ programme in _____ Year
(eg BDS3, BOH2, DTEC2)

I agree to apply in writing and provide required documentation for readmission no later than **1st October** the year prior to that for which I seek readmission. I will advise of any change of email address.

Signature: _____ Date: _____
Student

Programme Convenor to approve/decline and sign form

Request to withdraw Approved Declined

Signature: _____ Date: _____
Programme Convenor

Please scan the completed and signed Withdrawal Form and any supporting documentation to: dent.undergraduate@otago.ac.nz

Please note:

- Confirmation of withdrawal will be sent to your @student.otago.ac.nz email address.
- Please also provide an alternative (non-student) contact email address which will only be used if student email is inactive).

Office Use Only

Withdrawal request: Approved Declined

Signature: _____ Date: _____
Associate Dean (Undergraduate)