**NAME: RDCom8**

**STUDENT ID:**

**DEPARTMENT:**

***COMPLETED FORM NEEDS TO BE SENT DIRECTLY TO THE GRADUATE SCHOOL***

**UNIVERSITY OF ROEHAMPTON**

**RESEARCH DEGREES COMMITTEE**

# APPLICATION FOR WITHDRAWAL OF REGISTRATION

***Please copy in your research degrees convenor when sending this completed form to the Graduate School for approval.***

Please type this form or complete it in black ink and in block capitals and return it to the Graduate School

SECTION 1: REGISTRATION DETAILS

**Programme:**

|  |  |  |
| --- | --- | --- |
| **MPhil** | **PhD** | **EdD** |
| **PsychD Forensic Psychology** | **PsychD Counselling Psychology**  **PhD Prof Education** | **PsychD Psychotherapy & Counselling**  **DTh Practical Theology** |

|  |  |
| --- | --- |
| **Date of initial registration:** |  |

|  |  |  |
| --- | --- | --- |
| **Mode of Study:** | **Part-time** | **Full-time** |

**Title of research:**

|  |
| --- |
|  |

#### SECTION 2: APPLICATION FOR WITHDRAWAL OF REGISTRATION

Students may apply to withdraw from their programmes at any time but fees will be charged to the end of the academic period (October to December, January to March, April to June, July to September).

*I wish apply to the Research Degrees Committee for the withdrawal of my registration*

|  |  |
| --- | --- |
| With effect from (state the date your withdrawal takes effect): |  |

For the following reason (please give a brief reason for your withdrawal):

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you been in receipt of any form of scholarship, bursary or fee waiver during your period of study for the above named programme? | | **Yes** | **No** |
|  |  | |  |
| *If you have answered yes to the above question, please provide further details below* | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Confirm you have consulted your supervisory team about your withdrawal request | | Yes |  |
|  |  | |  |

#### SECTION 3: SIGNATURE

For overseas students, the University must report any changes in status to the relevant authorities (e.g. UKVI). If you have been studying in the UK on a student visa, please flag this below. All cases will be checked. Please ensure that you send the form to the immigration team at Roehampton, [immigration@roehampton.ac.uk](mailto:immigration@roehampton.ac.uk) and have it signed before submitting to the Graduate School.

|  |  |  |  |
| --- | --- | --- | --- |
| **Visa status:** | **Not required (Home)** | **Student visa/visitor visa (Overseas)** | **Not known** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

### SECTION 4: GRADUATE SCHOOL APPROVAL

*The Graduate School approves this withdrawal application*

|  |  |  |
| --- | --- | --- |
| Chair of the Research Degrees Committee | Signed: | Date: |
| Printed: |