Temporary Withdrawal Request Form
To send to: SR.coordinator@warwick.ac.uk

If you have sought guidance from your department and are confident that temporary withdrawal is the correct course of action, then please complete this form and return to your department. The University of Warwick makes available to its students a very wide range of high quality student support services. If you are having difficulties with your course or are in need of any advice or support then please see the range of Welfare and Support Services on offer. Full details may be found online at http://go.warwick.ac.uk/supportservices.

Section 1: Your personal details
Please carefully complete your personal details in the section below. It is important that you complete this information as accurately as possible in order that your record can be correctly identified.

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student number:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Course:</td>
<td>Department:</td>
</tr>
<tr>
<td>Funding Body (If applicable):</td>
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</tr>
</tbody>
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Section 2: Details of your request
Any information you provide on this form will be treated in confidence and will only be seen by the small number of University staff involved in managing your request.

Your last date of attendance is the date on which you stopped attending your course at the University. In exceptional circumstances a retrospective temporary withdrawal might be considered. You should not submit a retrospective temporary withdrawal form without first checking the financial implications with the Student Finance Team. In all cases, your department will be asked to confirm the date given.

Last Date of Attendance: _____/_____/

The expected date of return is the date on which you intend to return to the University. This may not be left blank. For Undergraduate and taught Postgraduate students, the return date is normally the first day of the Autumn, Spring or Summer Term, but you should discuss with your department if you intend to return at a different time and ask them to provide a rationale for this in their support. If you do not know at this stage on which date you are able to return, you should estimate this and it may be revised later. Please note that a maximum temporary withdrawal period of 12 months will be approved at any one time, and that University regulations stipulate that two such consecutive periods will normally only be approved in exceptional circumstances.

Expected Date of Return: _____/_____/

Please indicate the general reason for requiring the period of temporary withdrawal. You will be asked to provide further details on this over the page.

Reason for Temporary Withdrawal (Please circle, tick or delete as appropriate.):

<table>
<thead>
<tr>
<th></th>
<th>(a) Personal</th>
<th>(b) Medical</th>
<th>(c) Maternity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d) Financial</td>
<td>(e) Visa</td>
<td>(f) Other reason:</td>
<td></td>
</tr>
</tbody>
</table>

Please explain in detail the full reasons for requesting this period of temporary withdrawal (continue on a separate page if necessary). If you are requesting temporary withdrawal on medical grounds, you will additionally need to provide certification from an appropriately qualified professional to support your request for withdrawal. If you are a funded student and are requesting maternity leave, please provide a copy of the MAT B1.

Further details:
Section 3: Guidance and your declaration

Once you have completed the form, please review the information submitted carefully and sign below. If you are submitting this form electronically, please type your name below. You should then submit the form to your Department, either through your Departmental office, the Director of Undergraduate/Graduate Studies or your personal tutor. The request will be considered by your department and if supported will be passed to the Academic Office for approval. If the request is approved, this will be confirmed to you in writing. **You may wish to make a photocopy of this form before handing it in, for your records.**

**International Students:** If you require student entry clearance or leave to remain (a ‘visa’) to study in the UK, temporary withdrawal from your course is likely to affect your permission to remain here in the UK. Furthermore, if you are a sponsored student, i.e. you were issued with a CAS by Warwick that you used to obtain your Tier 4 visa, and you decide to take a break from your studies, the University is required to stop sponsoring you. We are required to withdraw your CAS, and report your temporary withdrawal from your course to the Home Office – Visa & Immigration. As you would no longer have a valid Tier 4 sponsor, you would then be required to leave the UK. In order to return to the UK to resume your studies, you would need to apply to us for a new CAS in order to apply for a new Tier 4 visa. If you were to try to return to the UK on your old visa, you would be likely to encounter problems on re-entry.

All international students who wish to apply for a temporary withdrawal from their course are strongly advised to make an appointment to discuss their individual situation with the University’s Immigration Service advisers (telephone: 024 7657 5229 or immigrationservice@warwick.ac.uk).

**I declare that the above information is factually correct and that I have read the guidance provided.**

Signature: ___________________________ Date: __________/________/_______

Section 4: Departmental Support

**Only to be completed by the Head of Department or Director of Undergraduate/Graduate Studies.** Once complete, please forward to Student Records, Academic Office, University House or e-mail to SR.coordinator@warwick.ac.uk. If there is additional information of which the Academic Office should be aware when considering this request, then please help us to process this as quickly as possible by sending any additional supporting information separately. Please note that final approval for periods of temporary withdrawal rests with the Academic Registrar (for Undergraduate students) or the Chair of the Board of Graduate Studies (for Postgraduate students).

**I confirm that the dates of withdrawal provided by the student are accurate, and that the department supports this request (Please circle, delete or tick, as appropriate):**

| Yes | No | If no, please provide revised dates: Start: ______/______/______ Return: ______/______/______ |

Signature: ___________________________ Date: __________/________/_______

Name: ___________________________ Position: ___________________________