

**REQUEST TO REVIEW WITHDRAWAL OF STUDIES**

Please use this form to request a review of an intention to impose suspension of studies for non- payment of tuition fees.

**SECTION A: Student Details**

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| Surname: Date of Birth: |
| Forenames: |
| Student Record Number: Student Support Number (if known): |

**SECTION B: Scheme Details**

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| Qualification and course name: |
| Current Level of Study: |
| Faculty: |
| Home Department: |

**SECTION C: Basis of Appeal (please continue on separate sheets if necessary)**

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**SECTION D: Student Signature**

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| Signature: | Date: |

**SECTION E: DECISION OF PANEL**

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| **FOR OFFICE USE ONLY** |
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