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**Form R7**

***(This form should be typewritten and completed by the Director of Studies)***

**Notification of Withdrawal of Registration**

Submitted by Position

**1. The Candidate**

Name:

Student Number:

Title of research programme:

**2. Registration**

Registered for: \*MPhil

\*MPhil/PhD with effect from:

\*PhD

Mode of study *(full-time or part-time):*

**3. Reasons for Withdrawal of Registration** *(Please tick as appropriate)*

(a) Academically unsatisfactory 

(b) Transferred to another institution 

(c) Medical problems 

(d) Financial reasons 

(e) Change of employment 

(f) Domestic difficulties 

(g) Pressure of other commitments 

(h) Other (*Please specify below)* 

Signature of Candidate Date

Signature of Director of Studies Date

Name

\**delete as appropriate*