**HEAR TRANSCRIPT ACTIVITY/ACHIEVEMENT WITHDRAWAL FORM**

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| **Title of approved HEAR Transcript activity/achievement**  |  |
| **Achievement Type code** |  |
| **Reason for withdrawal** |  |
| **Date withdrawal is to take effect, i.e. from when will activity no longer be offered**  |  |

**Administrative Information:**

**a. Name, School or other organisational unit, phone and email of staff member proposing withdrawal of activity/achievement**

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| **Date passed to Head or nominee of School or other organisational unit:** |

**b. Head or nominee of School or other organisational unit comment/confirmation**

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| **Name: Date passed to HEAR Coordinator:** |

**c. HEAR Coordinator comment/confirmation**

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| **Name: Date passed to Student Data Management:** |

**d. Student Data Management comment/confirmation**

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| **Name: Date passed to Secretary to Education Committee:** |

**e. Education Committee comment/approval**

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| **Date of meeting:** |

**f. The Secretary to Education Committee should distribute this form to the HEAR Coordinator and to those named in (a), (b), (c) and (d) above.**

**g. Date distributed:**