



The University Of Sheffield.

Notification of Withdrawal/ Transfer of Institution

Undergraduate and Postgraduate Taught students

For guidance on completing this form, and sources of further information:
Students: www.shef.ac.uk/ssid/change-of-status/withdraw
Staff: www.shef.ac.uk/sas/rsr/cos/withdrawal
 This form should also be used by Staff to deem students withdrawn.

Student Details

You should visit/contact your department for advice before completing this form

Registration Number Please enter all 9 digits	Are you studying in the UK with a visa?	Yes	No
Family Name Please print	First Name(s)		

Non-UK/EU/EEA students may be required to leave the UK within 60 days of their withdrawal.
 Contact international.students@sheffield.ac.uk for advice.

Notification of withdrawal/transfer of Institution

Date the student stopped attending or engaging with their programme of study Enter dates as Day/Month/Year / /

If the student is withdrawing/transferring/being deemed withdrawn following a period of leave of absence, please tick here

Reasons for the withdrawal or transfer. At least one reason code must be entered, but a second reason code may also be added

Primary reason Secondary reason CODES: 1 Academic 2 Financial 3 Medical 4 Personal 5 Transfer

If the student is transferring to another institution please supply the name of that institution here

Is the student being deemed withdrawn? If so, briefly supply further information, or attach evidence of attempts to contact the student, as appropriate. We are unable to process the form without this information.

Student Signature (unless being deemed withdrawn)

Signature Date / /

Important: Check your email! You will receive confirmation of the withdrawal to your University email account after it is processed on our system. Your University computer account will close down 2 weeks after the withdrawal is processed. You may wish to print the confirmation email for your own records, as it cannot be recovered at a later date.

Academic Department Signatures Department staff to complete

This application has been checked for accuracy, and approved in line with any relevant General and Programme Regulations

ACADEMIC ADVISER	Date	/	/	ACADEMIC ADVISER	Date	/	/
DEPARTMENTAL APPROVAL	Date	/	/	DEPARTMENTAL APPROVAL	Date	/	/
HOME DEPARTMENT NAME	DUAL DEPARTMENT NAME (IF APPLICABLE)						

Notes: (attach additional sheets or write notes below if necessary)

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ACADEMIC DEPARTMENT:

Please email the completed form to sas.cos@sheffield.ac.uk. **PLEASE NOTE: you must insert a subject for the email in the following format to avoid delays in processing: XXXCOS (where XXX is your department code, eg. MAS, ACS, ACE, DEN).**

Student Services Staff to complete

ISS Team	Date	/	/
Faculty Approval	Date	/	/
Record updated	Date	/	/
Record checked			
Notified: Dept	Student	Sponsor	NHS
		Events Team	PGT checklist completed