Faculty of Arts & Humanities Graduate School

**WITHDRAWAL FORM**

Please complete ALL sections:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Student ID  (if known): |  |
| Programme: |  | | |
| Reason for withdrawal: | | | |
| Date that you were last active in study (DD/MM/YY): | | |  |

For advice regarding if you are eligible for a refund of fees contact Student Services at Building 37, by telephone on 023 8059 9599 or by email at [ssc@southampton.ac.uk](mailto:ssc@southampton.ac.uk). Please always quote your student ID number.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (student): |  | Date: |  |
| Signed (supervisor): |  | Date: |  |

**Please return this form to the Graduate School Office.**

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Director of Graduate School

Signed .

Date .