|  |  |
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| **Notification of Withdrawal from Robert Kennedy College Programme** | York St John University logo |

# Guidance notes

If you wish to withdraw from your programme of study, you should ensure that you have discussed your intentions with your Head of Programme or with a representative of RKC StudentCare. It is important that the University and College establish that there are not means of supporting you to continue your studies.

If you then decide to withdraw, please complete the form below. The form requires the digital signatures of RKC StudentCare and a member of RKC’s Dean’s Office to indicate that appropriate consultation has taken place.

Withdrawing from your course has financial implications. You will not be able to request a refund of fees paid so far, as agreed upon admission. Additional charges may apply if the College cannot fill the vacated slot.

The completed document is to be returned to the StudentCare Department: studentcare@rkc.edu

## About you

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Student ID** |  |
| **Programme of Study** |  | **Year of Programme** |  |
| **Address for future correspondence** |  |

## Exact date left

|  |  |
| --- | --- |
| My exact last date of attendance/active study was (Enter Date/Month/Year)*(This is the last day you attended lectures/seminars/tutorials)* |  |

## Reason for leaving

Please place an ‘X’ in the box that best describes the explanation/s for your circumstances.

|  |  |
| --- | --- |
| **‘X’** | **Reason for leaving** |
|  | Personal or family reasons |
|  | Medical reasons |
|  | Financial difficulties |
|  | Transfer to another institution (please attach copy of unconditional offer letter) |
|  | Offer of employment |
|  | Dissatisfaction with the programme or the College (please supply further details below) |
|  | Other (please supply further details below) |
|  |

## StudentCare

Please obtain a digital signature code from a representative of StudentCare, to confirm that you have discussed your situation, and have been advised of the options available to you and the possible repercussions of withdrawal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Digital code** |  | **Date** |  |
| **Name** |  |

## College commitments

Please obtain all the signatures below to confirm that all outstanding commitments to the College have been fulfilled.

|  |
| --- |
| **Dean’s Office** |
| **Digital code** |  | **Date** |  |
| **Name** |  |
| ***Confirmation of last date of attendance (Section 2)*** |

|  |
| --- |
| **Finance** |
| **Digital code** |  | **Tuition Fee** |  |
| **Name** |  | **Date** |  |

## Student declaration

I confirm my intention to withdraw from Robert Kennedy College and York St John University and terminate my studies and understand the financial implications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**When completed and all signatures obtained, this document should be returned to:**

**Robert Kennedy College**

**StudentCare**

**studentcare@rkc.edu**

## For Office use only

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Initials and date** |
| 1 | Checked and actioned by Robert Kennedy College |  |
| 2 | Form sent to York St John University studentrecords@yorksj.ac.uk  |  |

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| --- |
| *Notes:* |

|  |  |  |
| --- | --- | --- |
| 3 | Form received at York St John University |  |
| 4 | SITS student record amended |  |
| 5 | Notification to Faculty |  |
| 6 | File |  |