



Notification of Withdrawal for Graduate Research Students Form

Before completing this form you are advised to read the **Policy on Leave of Absence, Extension and Withdrawal for Graduate Research Degrees**. This policy is available on the Academic Secretariat website at:
<http://www.ucd.ie/registry/academicsecretariat/pol.htm>

Student Name:		Student No.:	
Programme Title:		Programme code:	
Programme Start Date:		Withdrawal Date:	
Name of Principal Supervisor:		Name of Head of School:	
Reason for Withdrawal (if known)			

--

Please include your contact details below:

Phone/Mobile:	
EmailAddress:	
Permanent home address:	

The following signature is required to confirm that you have read and understood the **Policy on Leave of Absence, Extension and Withdrawal**, and will abide by the rules outlined within. This signature is mandatory to complete the application form.

Student:	
Date:	

For office use only (please note that the relevant information on this form should be submitted on the Notification of Withdrawal for Graduate Research Students Template to the Graduate School Board).

Received by: _____ **Date:** _____

Noted at Graduate School Board (Date): _____