

# Withdrawal/Transfer Form

This form should be used by students to request a:

- temporary or permanent withdrawal from a UHI programme
- change of programme or college
- change of mode of attendance



University of the  
Highlands and Islands  
Oilthigh na Gàidhealtachd  
agus nan Eilean

Staff should use this form to indicate permanent loss of enrolled status for UHI students

Student Reference									
Student Name									
Date of Birth									
Programme of study									
(Forwarding) Address									

## TEMPORARY WITHDRAWAL

- I am seeking permission to withdraw **TEMPORARILY** from my studies on medical / personal grounds (delete as appropriate)
- I am seeking permission to withdraw from my studies for the following period:

\_\_\_\_\_

## PERMANENT WITHDRAWAL

- I am seeking permission to withdraw **PERMANENTLY** from my studies
- (Staff use only)*  
The above student should no longer have registered status

**Date of last attendance/contact** \_\_\_\_\_

## CHANGE OF PROGRAMME/LOCATION/MODE OF ATTENDANCE

- I am seeking permission to change programme within the same college
- I am seeking permission to change my mode of attendance (eg full-time to part-time)
- I am seeking permission to study at another college within UHI (either the same programme or different programme)

Current Programme \_\_\_\_\_ New Programme \_\_\_\_\_

Current Mode \_\_\_\_\_ New Mode \_\_\_\_\_

Current College \_\_\_\_\_ New College \_\_\_\_\_

Date of transfer \_\_\_\_\_

**PLEASE CONTINUE OVERLEAF – INCOMPLETE FORMS WILL NOT BE PROCESSED**

**I confirm that the possible financial and academic implications of these changes have been discussed with me. (tick box)**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (student)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (student advisor/tutor)

Name Printed \_\_\_\_\_  
 (student advisor)

**The section below should be completed by the Student Adviser/Support Officer**

**Student Adviser/Support Officer: please circle main reason for withdrawal:**

- 02 Academic failure
- 03 Transferred to another HEI: Institution, if known \_\_\_\_\_
- 04 Health reasons
- 05 Death
- 06 Financial reasons
- 07 Other personal reasons
- 10 Gone into employment: Employment/Employer, if known \_\_\_\_\_
- 11 Other, please indicate \_\_\_\_\_
- 99 Unknown – student has not replied to emails / telephone calls**

**Requests for temporary withdrawals or change in programme/location/mode must be sent to the current programme leader, all others should be sent directly to SRO as indicated below**

**Programme Leader Comment**

Request supported Yes \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_  
 (programme leader)  
 Name Printed \_\_\_\_\_  
 (programme leader)

**Please now forward to SRO, UHI Executive Office, Ness Walk, Inverness IV3 5SQ**

**Date received:**

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Approve

Data entered on SITS (SWD)

Letter sent to SAAS (date)

Return to Studies letter sent (date)

Information Copied to

Student Services	<input type="checkbox"/>
Librarian	<input type="checkbox"/>
Programme Leader	<input type="checkbox"/>
Finance	<input type="checkbox"/>