

## LEAVERS FORM FOR POSTGRADUATE STUDENTS

Your last/family name	
Your first/given name(s)	
Date of Birth	
Student Number	
Last Date of attending your programme.	

Please put 'yes' next to the main reason why you are leaving.

Reason for Leaving		Where you can get advice/information
Academic		Graduate Schools Office or Your Department
Employment		Careers Service
Financial		Welfare Advisers
Health/Disability		Disability Services or your Doctor
Wrong Programme		Graduate Schools Office or Careers Service
Wrong University		Graduate Schools Office or Careers Service
Moving closer to home		Welfare Advisers
Other Reason (please state)		
Transferring to another University		If 'yes': Which University: Which programme:

I confirm that I am leaving the University of York.

I have obtained the advice/information I need to take this decision – YES / NO

I would like someone to contact me to give further information/advice – YES / NO

Signed (if sending paper copy): .....

University e-mail address: .....

Date: .....

Please send this form **from your University e-mail address** to:

Graduate Schools Office: [ps17@york.ac.uk](mailto:ps17@york.ac.uk)

Or print the form and sign it and send it to:

Student Progress Administrator; Graduate Schools Office; Student Administration Building

University of York; York; YO10 5DD

### Please Note:

**For your security, we can only accept this form as confirmation that you are leaving when we receive either a signed paper copy, or an electronic version sent from your University email address.**

<p><b>For Graduate Schools Office Use Only:</b>                  Withdrawal Notified Date ...../...../.....                  Reason for Leaving Code .....                  Processed By (name) .....Date processed ...../...../.....                  Withdrawn on SITS .....</p>
Notes: