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| A picture containing text  Description automatically generated | **Notification of Withdrawal or Transfer of Institution for PGR students**For guidance on completing this form, please see: <https://www.sheffield.ac.uk/rpi/pgr/manage/withdrawal> |

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| **SECTION 1: TO BE COMPLETED BY THE STUDENT** |
| Family Name |  | First Name |  |
| Registration Number |  | Department |  |
| Are you studying in the UK on a visa? [ ]  Yes [ ]  No | Are you funded by a Doctoral Loan? [ ]  Yes [ ]  No |
| Withdrawal: please tick reason(s) | Medical [ ]   | Personal [ ]  | Academic [ ]  | Financial [ ]  |
| Transfers: which institution are you transferring to? | Date you wish your withdrawal/transfer to take effect (please note that fees are payable up to this date).It may take 1-2 weeks for this form to be processed. Retrospective withdrawals cannot be backdated more than 30 days) DD/MM/YYYY |
| Additional details: - u*se this space to provide more information on reason(s) for withdrawal/transfer* |
| **Declaration:** I understand that once my withdrawal/transfer has been processed, the University may request that I pay any outstanding fees or repay stipends for which I am no longer eligible. My stated withdrawal/transfer date has been proposed in consideration of these factors. |
| Student signature: | Date: |
| **Confirmation that your transfer/withdrawal has been approved and processed will be sent to your university email account** |

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| **SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT** |
| Additional details: please use this space or attach additional sheets if you wish to add any further information: |
| **I confirm that the above information is accurate and that this application has been considered and approved by the Department** |
| Supervisor Name: | Signature: | Date: |
| PGR Lead/HoD Name: | Signature: | Date: |

**Completed forms should be sent to Research, Partnerships and Innovation for processing: Arts & Humanities -** **pgrarts@sheffield.ac.uk****; Engineering -** **pgreng@sheffield.ac.uk****; Health -** **pgrhealth@sheffield.ac.uk****; Science -** **pgrsci@sheffield.ac.uk****; Social Sciences -** **pgrsocsci@sheffield.ac.uk**

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| **SECTION 3: TO BE COMPLETED BY RESEARCH, PARTNERSHIPS AND INNOVATION** |
| Confirmed date of withdrawal/transfer. Retrospective withdrawals cannot be backdated more than 30 days | DD/MM/YYYY | Does this withdrawal/transfer require reporting to: |
| UKVI | [ ]  Yes [ ]  No |
| SLC | [ ]  Yes [ ]  No  |
| Notes: (please record any notes or comments here): |
| **Approved on behalf of the Faculty by:**  |
| Name: | Signature: | Date: |