**FORM RD9**

**NOTIFICATION OF WITHDRAWAL OF REGISTRATION**

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| 1 STUDENT DETAILS | |
| Name | Click or tap here to enter text. |
| Matriculation number | Click or tap here to enter text. |
| School | Choose an item. |
| Director of Studies | Click or tap here to enter text. |
| Date of registration | Click or tap to enter a date. |
| Current target degree | Choose an item. |
| Mode of study | Choose an item. |

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| 2 REASON FOR WITHDRAWAL OF REGISTRATION tick one box below | | | |
| Academic reasons | Employment | Health reasons | Personal reasons |
| Transfer to  another institution | Financial  reasons | No response to  correspondence | Other reasons |
| Additional student comments (optional) | | | |
| Click or tap here to enter text. | | | |

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| 3 SUPERVISORS’ CONFIRMATION | |
| Where it has not been possible to obtain the student’s signature, a brief explanation for this should be provided below and the form must be countersigned by the School Research Degrees Leader. | |
| Click or tap here to enter text. | |
| Having considered all aspects of the candidate’s progress, and the circumstances noted, we confirm that the registration for research should be withdrawn from the date below | |
| **DATE OF WITHDRAWAL**  effective from | Click or tap to enter a date. |
| Signature of School Research Degrees Programme Leader  (only if no student signature)  date |  |
| Click or tap to enter a date. |

**FOLLOWING SCHOOL APPROVAL, A COPY OF THIS FORM SHOULD BE SENT TO:**

Doctoral College Office [doctoralcollegeoffice@napier.ac.uk](mailto:doctoralcollegeoffice@napier.ac.uk)

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| **NB: IF A STIPEND PAYMENT IS TO BE STOPPED or CHANGED, FORMAL NOTIFICATION**  **MUST ALSO BE SENT SEPARATELY to** [doctoralcollegeoffice@napier.ac.uk](mailto:doctoralcollegeoffice@napier.ac.uk) |