

# MIDDLESEX UNIVERSITY DUBAI

## PERMANENT WITHDRAWAL



MISIS No.

### SECTION A (STUDENT DETAILS)

Full Name :

Programme of Study :

Year of Study :  Year 1  Year 2  Year 3

Mode of Study :  Part-time  Full-time

Personal E-mail ID :

International/Local Contact No. :

Last Date of Attendance :   
DD MM YYYY

### REASON FOR INTERRUPTION: (PLEASE TICK)

<input type="checkbox"/> Content of Programme	<input type="checkbox"/> Language Difficulties	<input type="checkbox"/> Academic Difficulties
<input type="checkbox"/> Travel Issues	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Family/Personal Obligations
<input type="checkbox"/> Social Life not what I expected	<input type="checkbox"/> Homesick	<input type="checkbox"/> Insufficient Support from Employer
<input type="checkbox"/> Teaching Experience not what I expected	<input type="checkbox"/> Transfer to another institution	<input type="checkbox"/> Change of Employment Status/Found Employment
<input type="checkbox"/> University Life/Learning experience not what I expected	<input type="checkbox"/> Other, Please specify :	

If you are transferring to another institution, please complete the following:

Institution:  Course:

Prior to completing this form, have you discussed your decision to withdraw your studies with your Campus Programme Coordinator? (Please tick)  Yes  No

Are you aware of any Financial Implication of your decision? (Please tick)  Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B (AUTHORISATION BY CAMPUS PROGRAMME COORDINATOR)

Approved  Rejected

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION C (FOR STUDENT OFFICE USE)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For further information please refer to Student Campus Guide on <http://www.mdx.ac/student-portal/campus-guide/>

Copies To: Student Office (Original) Finance (Yellow) Student (Pink)