



Interruption of Studies Form

Title:	First:	Last:
Address	Address Line 1:	
	Address Line 2:	
	City:	County:
	Postcode:	Country:
Daytime Phone		
Email		

ICST Membership No.	
Name of course studied	Course code:
Date of resumption of studies	

I confirm that:

I wish to permanently withdraw from my above course (rather than interrupt my studies to a later date).

I am aware of the financial consequences of doing so for myself and/or my employer, and that ICST will notify my financial sponsor, if any.

I am aware that advice is available to me from Student Services.

I am aware that I remain a member of the Institute of Clinical Science and Technology.

I am on a higher education validated course, have read the ICST Interruption, Suspension and Withdrawals procedure and am aware that I cannot re-enrol onto this course in future.

My reasons for withdrawing are:

Signed:

Date: