



## Withdrawal from Studies Form

<b>Title:</b>	<b>First:</b>	<b>Last:</b>
<b>Address</b>	Address Line 1:	
	Address Line 2:	
	City:	County:
	Postcode:	Country:
<b>Daytime Phone</b>		
<b>Email</b>		

<b>ICST Membership No.</b>	
<b>Name of course studied</b>	<b>Course code:</b>

### 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.*

*If I am on a higher education validated course, I confirm that I 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:

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Signed:

Date: