**WITHDRAWAL APPLICATION FORM**



**University of Zambia**

**FORM FOR LODGING AN APPLICATION FOR WITHDRAWAL FROM A PROGRAMME**

**SECTION 1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Enter text | **Other name(s):** | Enter text |

|  |  |
| --- | --- |
| **Computer number:** | Enter text |

|  |  |
| --- | --- |
| **School:** | Enter text |

|  |  |
| --- | --- |
| **Programme:** | Enter text |

**Contact details for correspondence relating to your appeal (communication will be by email):**

|  |  |
| --- | --- |
| Email address: | Enter text |
| Postal address: | Enter text |
|  | Enter text |
|  | Enter text |
| Telephone: | Enter text |

**SECTION 3. REASONS FOR WITHDRAWAL**

click the relevant box(es):

|  |  |
| --- | --- |
| [ ]  | **Medical Grounds:** Serious illness or incapacitating injury prevents you from continuing with studies,  |
| [ ]  | **Financial Grounds:**1. You are not able to meet fully the fees charged by the University for your studies.
2. You are facing pressure to financially support yourself during the course of the programme
 |
| [ ]  | **Academic Grounds:**You are academically unprepared and wish to have time off to adjust to the demands of the programme |
| [ ]  | **Personal or Compassionate Grounds:**There are extraordinary personal reasons, not related to your personal physical or mental health (for example, care of a seriously injured/ill or death of a member of your immediate family such as a child, spouse, father, mother, brother, sister or of a member of your extended family residing with you). |

**SECTION 4. DETAILS OF THE APPLICATION**

Use the relevant box(es) below to **explain in full** the grounds on which your application is based and also the other details as follows:

1. Describe in detail the circumstances you wish to raise;
2. Provide periods of any previous withdrawals (with or without permission); and
3. Include documentary evidence to support your claim, where appropriate. Failure to do so may result in your appeal not being considered.

**Detailed description of your claim**

|  |
| --- |
| Enter text |

**Periods of any previous withdrawals**

|  |
| --- |
| Enter text |

**Relevant third party evidence to support your application**List the documents you are submitting with this form. Documentary evidence should be scanned and submitted electronically wherever possible. Please note that:

1. Evidence must be supplied in English. If the original is in another language, you must obtain and submit a **certified** copy in English.
2. The evidence should be dated.

|  |
| --- |
| Enter text |

`

**SECTION 5. CHECKLIST**

Click box to select:

|  |  |
| --- | --- |
| [ ]  | I have read and understood the [‘**Application for Withdrawal with Permission - Guidelines for Students**’](http://www2.le.ac.uk/offices/sas2/regulations/appeals-complaints/appeals) |
| [ ]  | I have provided on/with this form **all** the information that I wish to be consider in relation to my application |

**SECTION 6. DECLARATION**

***By submitting this form: I declare that the above information is accurate and true; I confirm that the details of this application are complete and can be passed on to the relevant University staff considering this case; I confirm that I have included relevant third party documentary evidence to support my case (where applicable).***

**SECTION 7. SUBMISSION OF THE APPLICATION FORM**

Submit the completed application form and supporting evidence to the email address given below to be received **before** the expiry of the appeal submission deadline. Appeals should be submitted electronically wherever possible.

|  |  |
| --- | --- |
| **Date of submission:** | Enter text |

**Submit the appeal by email to:** **dean.xxx@unza.zm** **(please obtain correct email address)**

**SECTION 8: RESOLUTION OF THE APPEAL**

1. **DEAN MAKES CONSULTATIONS RELATED TO THE APPLICATION FOR WITHDRAWAL AND NOTIFIES THE ACADEIC OFFICE AND STUDENT**

**Dean’s comment:**

|  |
| --- |
| Enter text |

|  |  |
| --- | --- |
| Withdrawal of applicant authorised  | [ ]  |
| Withdrawal of applicant not authorised  | [ ]  |

1. **ACADEMIC OFFICE NOTIFICATION**

|  |  |
| --- | --- |
| **Date of Receipt of Dean’s Comment:** | Enter text |