

## HIGHER DEGREE RESEARCH WITHDRAW FROM PROGRAM

Please fill in and sign this form if you need to discontinue the research program you are enrolled in, and return it to the Graduate School.

Name:

Student Number:

Date of Birth:

Program

MA - Master of Philosophy

PhD - Doctor of Philosophy

Please select the reason/s for withdrawing

Employment

If you would like to please specify the reason for withdrawing

Academic

Cost

Cultural

Other

Signatures:

Candidate:

Date:

Supervisor:

Date:

Graduate School:

Date: