logo 06

**Health PT Flexible Learning Module withdrawal Form**

To be completed by all students who wish to withdraw from a module for which they are currently registered.

Any withdrawal will be recorded from the date this form is submitted. Please be aware that if you withdraw from a module there may be financial implications.

**NB**. If you also wish to withdraw from the programme, rather than just a module on the programme you need to complete the “Programme Withdrawal Form” available from your local Programme Administration (PAd).

**SECTION A** - To be completed by the student.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Student Number |  |
| Module Code |  | | |
| Module Title |  | | |
| Module Tutor |  | | |
| Reason for Withdrawal  (eg Medical, financial, personal) |  | | |
| Signature |  | Date |  |

Once Section A is completed please return this form to your local Programme Administration (PAd)

**Please return this form to** [healthmodules@cumbria.ac.uk](mailto:healthmodules@cumbria.ac.uk) **failure to return**

**to the correct email address may result in a delay in processing your**

**request**

**SECTION B –** Approval by Module Tutor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Module Code | |  | | |
| Did student start the module | | Yes/No | | |
| Module Start Date |  | Module End Date | |  |
| Name of Module Tutor | |  | | |
| Signature | | Date |  | |

**SECTION C** - To be completed by SAAS

|  |  |
| --- | --- |
| Date form received from student |  |
| Withdrawal from module confirmed | YES / NO |
| Name of administrator |  |
| SITS updated | YES / NO |
| Date updated |  |

**Module Withdrawal Refunds**

Where a student withdraws from a module or modular billed programme, the following fee liabilities will be chargeable:

|  |  |
| --- | --- |
| Relevant date | Element of Fee Liability |
| Within 14 calendar days of module start date | 20% |
| After 14 calendar days of module start date | 100% |