



TAUGHT STUDENT LEAVERS FORM

UNIVERSITY OF LEEDS

To be completed by all taught students leaving the University EXCEPT those leaving on completion of their programme of study

STUDENT TO COMPLETE

If you find it necessary to leave the University either permanently or temporarily (i.e. for more than 28 days) you should first discuss the matter with your personal tutor or another appropriate member of staff in your department. When you have done so, please complete this form and return your student ID card

Student ID Number: - - Date of Birth _____

Last Name/Family Name: _____

Forename(s): _____ Programme of Study: _____

Year of the programme: _____ L.E.A./Sponsor: _____
(not Academic year)

Student Loan/Support No: _____ Fees Status if known: Home EU Overseas

Student to complete in consultation with an appropriate member of academic staff

Leaving Permanently OR Leaving Temporarily

Please enter the last date of attendance at classes/exams/teaching practice:

Leaving date (date student informs you of their desire to leave)

If leaving temporarily, enter the date on which you expect to return:

If you are returning to a different programme of study, please give details Degree _____ Programme _____

If you are not applying through UCAS a Change of Programme Form **MUST** be completed Year of Programme _____

Reasons for leaving Banner Codes (Perm./Temp.)

- Academic Failure/Reasons 2 A
- Personal Reasons 7 B → Please specify: _____
- Financial Reasons 6 C → Due to Cost of Fees OR Due to Living Costs
- Illness/Health Reasons 4 D
- Family Obligations 11 E
- Family Bereavement 11 F
- Maternity 11 M
- Transfer to another Institution 3 - → Name of Institution if known: _____
- Employment 10 P
- Other 11 X → Please specify: _____

Please tick box if you are living in University Accommodation:

Please tick box if you have been made aware of Support Services

Healthcare Studies students only: Please enter the final payment date the Bursary should be paid

Data from this form will be used to monitor the University of Leeds leaving rate and although specific data on individuals will not be recognised, we may wish to carry out follow up studies on leavers. If you do not wish to be contacted regarding these studies, please tick the box

The University may require to seek and divulge medical information to your sponsor, **only** in relation to claims for repeat funding. If you do not wish such information to be released, please tick this box

Signature of Student: _____ Date: _____

PARENT DEPARTMENT TO COMPLETE

Please sign and date this form to indicate that you are aware that the student is leaving, and, in the case of temporary leavers, that you agree to the period of absence

Signature: _____ Department: _____ Date: _____

FOR OFFICE USE ONLY						
Date Entered		Copy to A.R.		Passed to Progress Check		
tick	initials	tick	initials	tick	initials	date

If you are completing this form on behalf of the student, please ensure that the relevant paperwork signed by the student indicating their intention to leave, is attached. THE COMPLETED FORM MUST BE RETURNED, PROMPTLY TO Operations Team, TSA, Room 10.03, Marjorie and Arnold Ziff Building