**Withdrawal from a Thesis**

Please complete this form if you wish to completely withdraw from your graduate research studies at UC. Where possible we encourage you to discuss your decision with your supervisors and/or Department/School Graduate Research Coordinator prior to submitting this form.

Doctoral students may also contact Kaitoko | Research Student Advisors in Te Kura Tāura for advice before considering withdrawal; either by email ([graduateschool@canterbury.ac.nz](mailto:graduateschool@canterbury.ac.nz)) or you can [book an appointment](https://canterbury.libcal.com/appointments/graduate-school-advisors/). Research Master’s students should contact a Faculty Student Advisor or their Graduate Research Coordinator for advice.

Please be aware Atawhai Ākonga | Student Care are available to assist you with your transition away from your studies. They are located in the Undercroft in Puaka-James Hight | Central Library for in-person consultation or via email/phone at [studentcare@canterbury.ac.nz](mailto:studentcare@canterbury.ac.nz) or 03 369 3388 (internal extension 3388).

Alternatively, if you would prefer to receive support from someone external to UC, you can approach the UCSA Advocacy & Welfare team by emailing [help@ucsa.org.nz](mailto:help@ucsa.org.nz) or call the team on 03 369 0555. The UCSA Advocates are bound by privacy and confidentiality rules, and with your permission, they can provide feedback to relevant UC areas without mentioning any identifying details.

**International students** are advised to speak with the Thesis Enrolment team to discuss their individual circumstances, including potential visa implications, prior to withdrawing from their studies. If a student requires personalised advice regarding visas and immigration status, they should contact [Immigration New Zealand](https://www.immigration.govt.nz/).

The information provided on this form may be used for data collection purposes and by UC staff to process the withdrawal on your student record. This may include Kaitoko | Research Student Advisors if you give permission to be contacted.

**Section A**

*This section should be completed by the student. Before applying for any change in your study, you should first discuss the matter with your supervisors (where suitable).*

|  |  |
| --- | --- |
| Student name: |  |
| Student ID number: |  |
| Senior Supervisor: |  |
| Department/School: |  |
| Qualification (e.g., PhD in Biology): |  |
| Course code (e.g., BIOL790): |  |

|  |  |  |
| --- | --- | --- |
| Date withdrawal is to take effect from: |  | |
| Reason(s) for withdrawal:  *Check all that apply.* | Academic reasons  Family/Whānau commitments  Financial reasons  Health issues | Personal circumstances  Work commitments  Other |
| **Doctoral students only:** I give permission for a Te Kura Tāura Kaitoko | Research Student Advisor to contact me for a conversation about my withdrawal request:  *During this conversation you will have the opportunity to provide feedback on your experience. This is not limited to just the circumstances of your withdrawal. Your feedback can assist in helping improve the student experience at UC.*  *Research Master’s students should contact their Faculty Student Advisors or Graduate Research Coordinators if they would like to provide additional feedback.* | Yes  No | |

|  |  |
| --- | --- |
| Please elaborate on the reason for your request:  *While we understand that the circumstances leading to a full withdrawal from your studies may be personal in some cases, we appreciate any supporting information that you are comfortable providing.*  *This section is optional but encouraged.* |  |
| Name/e-signature: |  |
| Date: |  |

**DOCTORAL STUDENTS, PLEASE FORWARD TO** [**GRADUATESCHOOL@CANTERBURY.AC.NZ**](mailto:graduateschool@canterbury.ac.nz)

**RESEARCH MASTER’S STUDENTS, PLEASE FORWARD TO THE RELEVANT ADMINISTRATOR**

***You must ensure that any supporting documents are submitted along with this form.***

**Section B – Acknowledgement of Withdrawal**

*This section should be completed by the Relevant Dean (or the person/s with appropriate delegated authority under UC’s Academic and Research Delegations).* 

**By signing this form, I acknowledge that the student named in Section A has chosen to withdraw from their graduate research studies at UC and I approve this withdrawal to be added to their student record.**

|  |  |
| --- | --- |
| Please add any comments here to be communicated to the student upon confirmation of their withdrawal: |  |
| Name/e-signature: |  |
| Date: |  |