

## Recommendation for Assumed Withdrawal

This form must be sent from the Chair of Board of Studies University email address or the Chair of Board of Studies must be copied into the email for the leave of absence to be processed.

**Surname**  **First name**

**Student number**  **Department**

**Programme of Study**  
(e.g. BSc in Politics)

**Current year of study**

**Last date of attendance / active study**  /  /

**Details and date of last known contact with Department by student**

**Please give details of all attempts to contact student** i.e. how contact was attempted, by whom, which address was used

Date sent:	Details: For example email, letter, registered letter and any other contact – including dates of communication
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Please give details and dates of any formal warnings**

**Date of final warning letter (if any)**

/  /

**Are there any known medical or compassionate grounds or equal opportunities issues which should be noted? If so, please give details.**

**To be completed by the Chair of the Board of Studies or Graduate School Board**

**Chair name**  
(please print)

**Signed**

**Date**