

## **UNIVERSITY OF ADELAIDE**

## **DISCONTINUATION OF STUDIES FORM**

Please fill in this form if you wish to discontinue your studies in one or more programs and return this form to your School or Faculty. If you are enrolled in another program within a different School or Faculty, you will need to fill in another Discontinuation of Studies Form and lodge it with your relevant School or Faculty.

Name:		Student ID:
Faculty:	School:	
Name of program from	which you will be withdrawing:	
Address:		
Phone:	Mobile:	
Please tick the applic	rable box below.	
Are you an:	☐ International student	□ Domestic student
collected from this form	n will be used in improving services t	
		delaide to ensure that you have dropped your on fee or HECS-HELP fee normally charged for
Student's signature:		Date:
Office Use Only		
Name of actioning officer (in print):		Position title:
Clanada		Data