

Withdrawal/On-Hold form

Full-time to Part-time form

Surname	First name:
Student ID	
Home address	
Email address	
Programme of Study	

Please choose ONE of the following three options:

<input type="checkbox"/> I wish to go ON HOLD effective from: Date _____ Semester _____	<input type="checkbox"/> I wish to WITHDRAW completely from my programme of studies effective from: Date _____ Semester _____
Reason for going on hold: _____ _____ _____ _____ I will return in semester ____ Month/Year _____ <i>Which is within the 12-month period allowed for being on hold</i> <i>Please note: Approval for over 12 months must be applied for in writing to the Director Teaching & Learning.</i> I understand I will need to contact the Student Services team at National Office to confirm my return prior to the start date of the above semester	Reason for withdrawing: _____ _____ _____ _____ I understand I will need to apply to re-enter the programme at a future date and complete a new application form
<input type="checkbox"/> I wish to go from full-time to part-time. Paper I wish to continue in _____ Paper I wish to withdraw from _____ I understand that by withdrawing from one paper will mean this will delay my progress to the next stage of my programme.	

I have notified, and discussed my intentions with, my lecturer/pouako and one of the following staff: Regional Education Leader, Programme Leader or Academic Leader Primary Programmes. Yes No

I have read and understood the [Student Withdrawal and Refund Policy](#). I understand I may be liable for outstanding fees as per this policy.

Signature (student) _____ Date _____

Please return a completed form to Student Services: studentservices@ecnz.ac.nz