



MASSEY UNIVERSITY
GRADUATE RESEARCH SCHOOL

**Notification of Withdrawal
From Doctoral Study**

Name: _____
(Surname or Family Name) (Given or First Name(s))

Massey ID Number: _____ Withdrawal to take effect from: _____

Programme of study: PhD DBA DClinPsych EdD

Address: _____ Home Phone No: _____

Work Phone No: _____

Cell Phone No: _____

Email Address: _____

REASON FOR WITHDRAWAL:

(Please tick appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Lost Interest | <input type="checkbox"/> Financial | <input type="checkbox"/> Work Commitments |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Change of Topic | <input type="checkbox"/> Research Problems |
| <input type="checkbox"/> Transfer to Another University | <input type="checkbox"/> Transfer to a Masters | <input type="checkbox"/> New Career Opportunity |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other (please stipulate) _____ | |

Massey University Doctoral Scholarship

I am currently a Scholarship recipient: Yes No

If no, have you ever been a Scholarship recipient? Yes No

Candidate's Signature: _____ Date: _____

Candidate's Academic Unit: _____

Supervisor's signature: _____ Date: _____

Head of Academic Unit Signature: _____ Date: _____

Please return to the Doctoral Office, Graduate Research School (PN 713)

GRS OFFICE USE ONLY

Dean's Signature: _____ Date: _____

Provisional Registration Date: _____