## **The Courtauld**

## **Student Interruption or Withdrawal Form**

Student Name	
Student Number	
Programme of Study	
Application Type	Interruption □ Withdrawal □
Personal Tutor	
Student Statement:	
	ne reason for the request. Please include details of what ived prior to making this request.
Student Signature	Date
<u> </u>	

Please return your completed and signed form to the Programme Administration team office or email it to: Programme.administration@courtauld.ac.uk