Form RDC-W (2022)

**OXFORD BROOKES UNIVERSITY**

**RESEARCH DEGREES COMMITTEE**

# Withdrawal of Registration

This form should be completed by the candidate and supervisors, with reference to the Oxford Brookes University Research Degree Regulations. The form should be wordprocessed.

## 1 The candidate

Name:

Student ID:

Present post and place of work:

## 2 Registration

Initially registered for:

MPhil / MPhil/PhD / PhD/PhD by Published Work/MA, MSc, LLM by Research/Research Component of a Professional Doctorate

Mode of study: Full-time / Part-time

## 3 Withdrawal of registration

Effective date of withdrawal of registration:

Reasons for withdrawal of registration:

**Signed by candidate** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Signed by the Director of Studies**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  **Date** . . . . . . . . . . . . . . . . . . . . . . . . .

## 4 Confirmation of withdrawal of registration on behalf of the candidate's Faculty and the

##  Supervisory Team

On behalf of the Faculty I confirm that the above candidate's registration for a research degree should be withdrawn.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . Faculty . . . . . . . . . . . . . . . . . . . . . . . . . .

(Faculty Postgraduate Research Tutor / Research Committee Chair)

**5 Confirmation of withdrawal of registration on behalf of Oxford Brookes University**

I confirm that this notification of withdrawal of MPhil / MPhil/PhD / PhD/PhD by Published Work/MA, MSc, LLM by Research/ Research Component of a Professional Doctorate

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Chair / Vice-Chair / of the Subject Sub-Committee of the Research Degrees Committee)