

# Gateway Student Withdrawal



Tertiary Education Commission  
Te Amorangi Mātauranga Matua

## School Details

School name.....  
Programme name.....  
Programme number.....Edumis number.....

Office Use

Entered on ...../...../.....

Entered by .....

## Student Details

Student's name...../...../.....  
First name Middle name Last name

National Student Number

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## Withdrawal Details

Withdrawal date 

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(day) (month) (year)

Workplace learning placement proceeded as anticipated? Yes  No

If no, please briefly state why:

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## School Declaration

I certify that, to the best of my knowledge and belief, the information relating to this student is true and correct.

Signed..... Date..... /..... / .....

Print Name.....

