



Request to Withdraw from WCSM Examination

Section 1 - Personal Details (To be completed in BLOCK CAPITALS)

ABDO Number: Title: Mr Mrs Miss Ms

Surname: _____ Forename(s): _____

Address: _____

_____ Post Code: _____

Section 2 – Examination

Please confirm which examination you are withdrawing from:

Level 2 Optical Support Certificate in Optical Care at SCQF Level 5

Level 3 Optical Support Certificate in Optical Care at SCQF Level 7

Level 4 Diploma for Optical Technicians
(including Fast-Track)

Level 4 Diploma for Optical Assistants

If you were not due to sit the entire qualification, please confirm which units you had applied for.

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Section 3 – Fees/Refund

An administration fee of £20.00 will be deducted from the fees paid for the examination(s) you are withdrawing from. The remainder of the fee paid will be refunded in the form of a cheque, made payable to the person who paid the fees, as indicated on the examination application form, whether they were paid by cheque or credit/debit card.

Please note: there is no automatic re-application for the examination(s) you are withdrawing from. You will need to re-apply using the Examination Entry Form available for the next session you wish to enter for.

Section 4 – Reason for Withdrawal

Please indicate below the reason for your withdrawal:

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NOTE: Withdrawals made after the closing date must include medical evidence. If none is provided, you will forfeit the examination fees paid.

Signed: _____ Date: / /

Return the completed Withdrawal form to the following address:

**Ms L Pogson
ABDO Examinations & Registration Department,
The Old Dairy, Godmersham Park,
Godmersham,
Canterbury
Kent CT4 7DT**