

STUDENT WITHDRAWAL FORM 2017/18

This form must be completed by all students leaving the Institute prior to completing the academic year.

First Name: Surname:

Contact Address:

.....

Student Number: Date of Birth:

Programme code: TA_..... Year:

Programme Title:

Full Time / Part time / ACCS: Mobile Phone Number:

I wish to give notice that I am withdrawing from the above programme on

___/___/___(dd/mm/yy)

REASONS FOR WITHDRAWAL

- | | |
|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> PLC/FETAC or other training |
| <input type="checkbox"/> Repeat the Leaving Certificate | <input type="checkbox"/> Accepted a place in another college |
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Financial reasons |
| <input type="checkbox"/> Course not suitable | <input type="checkbox"/> Apprenticeship |
| <input type="checkbox"/> Other, please specify | |

Full Time Students

Have you paid the Student Contribution of €3,000? ☐ Yes ☐ No

Students who return this form before 31st October 2016 are entitled to a refund of the Student Contribution. There is an administration charge of €130.

If you withdraw after 31st October and return to full time third level education in the future you may be liable for additional fees.

Part Time Students

Please refer to the Institute's Fees Refund Policy.

STUDENT CARD MUST BE RETURNED WITH THIS FORM.

SIGNED

DATE

This form should be returned to the Registrar's Office (Room 120), IT Tallaght, Dublin 24.

Office of the Registrar

Date Rec'd:	Student Card Rec'd:	Refund due?
Banner Updated:	File Updated:	Copy to School:
Signed:	Date:	