



COURSE WITHDRAWAL FORM

Please complete in **BLOCK CAPITALS**

Surname: _____ First Name (s): _____

Student Number: Date of Birth: / /
dd/mm/yr

Course Name: _____

Course Code: CR_ Last date of attendance: / /
dd/mm/yr

Address: _____

Email address: _____

Mobile telephone: _____ Home telephone: _____

Reason for Leaving <i>If appropriate you may tick more than one box</i>	Tick appropriate box below
Course not suitable	
Repeating Leaving Certificate	
Uncertain of career plans	
Accepted place in another College	
Obtained Employment	
Medical Reasons	
Family Commitments	
Financial Reasons	
Commuting Difficulties	
Unable to locate suitable accommodation	
Dissatisfaction with College/Course Structure	
Dissatisfaction with quality of lectures	
Dissatisfaction with quality of college environment	

Other comments on reason for leaving: _____

Signed: _____ Date: _____

(The student is requested to inform the Head of Department before submitting this form and to acquire an acknowledgement signature)

Head of Department: _____ Date: _____

Students who return this form to Admissions by 31st October 2011 are entitled to a refund of fees less 15% of annual fees due. If withdrawing after that date, it is still important to submit this form as there could be fees implications if returning to college in the future.

Submit this form and ID Card to the Admissions Office, Cork Institute of Technology, Bishopstown, Cork.

Office use

BR	cc HoD	Accounts	ID retd	ID office