

COURSE WITHDRAWAL FORM

Please complete in **BLOCK CAPITALS**

Surname: _____ **First Name (s):** _____

Student Number: R00 **Date of Birth:** / /
dd/mm/yr

Course Name: _____

Course Code: _ _ Y **Last date of attendance:** / /
dd/mm/yr

Address: _____

Email address: _____

Mobile telephone: _____

Reason for Leaving <i>If appropriate you may tick more than one box</i>	<i>Tick appropriate box(s) below</i>
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: _____

Student Signature: _____ **Date:** _____

Full-time students who return this form to Admissions by 31st October (Semester 1) or 28th February (Semester 2) are entitled to a refund of fees due less 15%. If withdrawing after that date, it is still important to submit this form as there could be fees implications if returning to 3rd level education in the future. Please contact the Finance office at fees@cit.ie or tel: 021 4335440 with any queries regarding fees.

Submit this form and your ID Card to the Admissions Office, Cork Institute of Technology, Bishopstown, Cork. You will receive an acknowledgement receipt at the counter or by post (if you do not receive it within 10 days, contact the Admissions office).

Office use

BR	cc HoD	Accounts	ID retd	ID office