

STUDENT APPLICATION TO WITHDRAW FROM COURSE OR MODULES



4FSS01

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It is **recommended** that you discuss your decision to Withdraw with your Head of Department / Course Co-ordinator before you complete this form.

Student Name		Student ID Number	B
Course Code	BN	Course Year	
Course Title		Mobile number	

1) Withdrawal from full course of study

I wish to withdraw from **the full year** of the course on which I am currently registered, please tick if appropriate

2) Withdrawal from some course modules only

If you are applying to withdraw from one or more modules but you wish to continue studying other modules, please complete this section indicating the modules from which you wish to withdraw. It is **compulsory** that you discuss your decision with your Head of Department or Course Co-ordinator.

Module Code	Module Title	Module Code	Module Title

If you wish to withdraw from all modules in a semester please indicate clearly which semester and state all modules.

Reason for Withdrawal (Please tick where appropriate)

Secured Employment	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Financial Reasons	<input type="checkbox"/>	Not suited to course	<input type="checkbox"/>
Other Reason:							
Have you spoken with the Head of Department or Course Co-ordinator regarding your withdrawal?				With whom did you speak?			

Student signature: _____ **Date:** _____

The official date of your withdrawal will be the date your application is received by the School Office. **Depending on the length of time studied there may be fee implications for returning to college in the future. Students should contact the Fees and Grants Office in Block A, Room A60 to discuss this further.**

School Office Use : I certify that this student has discussed this withdrawal from course/modules with me.

Signed: _____ Date: _____

Position: _____