



Withdrawal Form

All students leaving the Institute prior to completing the academic year must complete this form

Surname: _____ **Firstname:** _____

Address: _____

Student No: _____

Course: _____ **Year (1, 2, 3 etc.):** _____

I wish to give notice that I am withdrawing from the above course on ___/___/_____ and I return herewith my Student Identity Card.

Please state the reason for leaving by ticking the appropriate box

- Employment
- Apprenticeship
- Other Third Level College
- To Repeat the Leaving Certificate
- Financial Reasons
- FETAC/FET QQI or other training course
- Other (Please specify): _____

Have you discussed your decision to leave the Institute with your Head of Department?

Yes No

Please note that if you are in receipt of a grant please inform SUSI of your withdrawal.

Signed: _____ **Dated:** _____

Office Use only

Copy sent to Dept. Office Yes Date _____