

APPLICATION FOR WITHDRAWAL FROM PROGRAMME

Important Notice

- ❖ Students considering withdrawing should seek advice and support to ensure they understand the possible implications of withdrawing before completing this form. [Talk Before You Walk](#)
- ❖ A student wishing to leave the Institute prior to completing the academic year must complete this form and submit it to their School Administration Office (email addresses available on website) with the following subject line: *Withdrawal Request Form*.
- ❖ The student identification card and any items on loan from the Institute (including laptops, library loans etc.) are the property of DkIT and must be returned to the Admissions Office before a refund of fees can be considered.
- ❖ If in receipt of a student grant you should inform the Grant awarding authority of your decision to withdraw.

Name:	Personal email:																		
Student ID No.:	Phone No.:																		
Date of Birth:																			
Program Title:	Stage:																		
I am withdrawing from the above course on (date):																			
My reason(s) for withdrawing are: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Secured employment Financial Personal circumstances Programme not suitable Transferring within DkIT </td> <td style="width: 50%; vertical-align: top;"> Studying Fetac/PLC Apprenticeship Family circumstances Medical Other </td> </tr> </table>		Secured employment Financial Personal circumstances Programme not suitable Transferring within DkIT	Studying Fetac/PLC Apprenticeship Family circumstances Medical Other																
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I have discussed my decision to withdraw from college with: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> My family DkIT Careers Office DkIT Counselling Services </td> <td style="width: 50%; vertical-align: top;"> My Head of Department A lecturer Other </td> </tr> </table>		My family DkIT Careers Office DkIT Counselling Services	My Head of Department A lecturer Other																
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<i>Authorised person in relevant School Office to complete this section:</i> Student's last recorded date of attendance: Head of Department/School signature: _____ Date: _____																			
<i>Authorised person in Admissions Office to complete this section:</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Refund due:</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> <td style="width: 15%;">Semester 1</td> <td style="width: 15%;">Semester 2</td> <td style="width: 20%;">Fac. Fee</td> </tr> <tr> <td colspan="6">Banner updated date: _____</td> </tr> <tr> <td colspan="4">Name of authorised person: _____</td> <td colspan="2">Date: _____</td> </tr> </table>		Refund due:	Yes	No	Semester 1	Semester 2	Fac. Fee	Banner updated date: _____						Name of authorised person: _____				Date: _____	
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