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| **Graduate Studies Office****Postgraduate Research Student Withdrawal Form** |  |
|  |  |
| Surname |  |
| First Name |  |
| Student Number |  |
| Programme/Qualification |  |
| Year of Study |  |
| Alternate email address to DkITPlease provide alternative email address. Once the form is completed, an email will be sent to this email address to confirm your withdrawal. |  |

Please indicate your reason for withdrawing (please pick more than one option if applicable)

My programme wasn't what I expected

I was falling too far behind in my studies

I changed my career aspirations

I didn't feel I had settled in

I had trouble making friends

Financial reasons

Employment opportunities

I disliked my course

Accommodation reasons

I didn't like DkIT

Health / medical reasons

Family / personal reasons

Travel / distance from home

I want to transfer to a different university

We welcome your comments on your time spent at DkIT. Do you have any suggestions on how we might improve the services we offer?

Would you consider doing another DkIT course in the future?

Yes

No

Have you spoken to any of the following people about your concerns, before making the decision to withdraw?

Primary or Secondary Supervisor

Independent Panel Member

Graduate Studies Office

Friends

Fellow Postgraduate Researcher(s)

Parents

No-one

Head of Department/School

Lecturer

Students Union

Students Counselling services

Private Counselling services

Student Health Service

Financial Assistance Service

Student Services

CELT

Chaplaincy

Other

Please pick more than one option if applicable

Are you in receipt of funding or any other type of grant?

Yes

No

Please indicate type of grant

Please note if you are in receipt of a grant, the Graduate Studies Office will contact your local authority/awarding body to advise them that you have withdrawn from your programme for the Academic Year

Your Signature Required

I, the above named am withdrawing as a student from DkIT and will not complete my programme. I confirm that I have paid all my debts to the Institute and that I am not in possession of any books or assets belonging to the Institute. I also agree to surrender my Student ID Card

Date: Year

Date: Month

Date: Day

Relevant Head of School Signature

