



DIT Student Services

Application to DEFER STUDIES

- This form does not apply to applicants who have been offered a place in first year through the C.A.O. and who have not yet registered with DIT. These students must defer their place by contacting DIT's Admissions Office.
- The closing date for deferral applications from full-time undergraduate students is the 31st May annually.
- Students are responsible for submitting the completed form to a Student Service Centre.
- This form must be completed in full and must be signed by the student and an academic prior to submission.
- The date on which the completed form is submitted to a Student Service Centre is recorded as the official date of deferral in DIT. Retrospective notification will not be accepted (except where medical evidence is submitted).
- Any unpaid fees at time of deferral will be carried forward and added to the fee liability for the next academic session.
- Non EU Students who defer during any point of Academic Year **ARE NOT** eligible for refund of fees. Fees paid will be carried forward to year of re-entry to Programme. Amount carried forward is dependent on date student deferred.
- For more information on deferrals and how they affect future fees please go to www.dit.ie/studentsservices/feesandgrants/.

SECTION A PERSONAL DETAILS

Student Number: _____ Student Name _____

DOB: _____ Telephone Number: _____

Personal Email: _____

Programme Name: _____

Programme Code: _____ Year (1,2 etc) _____

Academic Session (eg 2014/15) 20 __ / __

Have you already registered for this Academic Session? Yes No

Are you an Non EU student? Yes No

Reason for Deferral : Please tick where appropriate

Medical*	Programme not suitable
Work Commitments	Travel
Postgrad Application Granted Deferral	English Language Problems
Financial	Programme too difficult
Year Out	Maturity Concerns
Personal Reasons	Delayed Appeals Process
Family Commitments	Student Visa Not Granted
Not stated	Apprenticeship Offer
Maternity	FAS Programme Offer
Other Reason Please State: _____	

*Medical certificates should be attached to this form if applicable

Student Signature: _____ Date: _____

Authorised by: _____ Date: _____

Head of School/Assistant Head

SECTION B -OFFICE USE ONLY

Student Services Signature: _____ Date: _____

Fees Paid	€		Banner Status Set to:	DI	DA	DS
Refund Due	€					
Fees Due:	€					

Approved/Noted at College Executive Meeting held on: _____ Date: _____

Signed: _____
College Manager