

## **DIT Student Services**

## **Application to Withdraw from DIT**

- This form must be completed in full and must be signed by both the student and an academic.
- Students are responsible for submitting the completed form and their current DIT ID Card to DIT Student Services.
- The date which the completed form is submitted to a Student Service Centre is recorded as the official date of withdrawal from DIT. Retrospective notification will not be accepted (except where medical evidence is submitted).
- If in receipt of a grant, students are responsible for informing their awarding body of their withdrawal.
- For more information regarding withdrawing from DIT, entitlement to refunds and the impact on withdrawing on future student fees, please visit http://dit.ie/studentservices/registration/deferwithdraw/

Student Name:    Date of Birth:   Mobile Number:			ECTION A DNAL DETAILS	
Programme Name:  Programme Code: DT Year (1,2 etc)  Academic Session (eg 2013/14) 20 /20  Reason for Withdrawal: Please tick where appropiate  Changing Programme Personal Circumstances Emigrating Programme Programme Neapplying to CAO Family Commitments Reapplying to CAO Family Commitments Repeat Leaving Cert Financial Travel Job Offer Visa Issues Leaving Cert Recheck - Transfer Work Commitments  Medical Other Reason Please State:  Student Signature: Date:  Authorised by: Pagramme Personal Circumstances Financial Programme Neapplying to CAO Family Commitments  Medical Visa Issues Leaving Cert Recheck - Transfer Work Commitments  Medical Differ Reason Please State:  Student Signature: Date:  Fees Paid	Student Name:		Student Numb	er
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Emigrating Programme not suitable - Exit DIT Failed Exams Reapplying to CAO Family Commitments Repeat Leaving Cert Financial Travel Job Offer Visa Issues Leaving Cert Recheck - Transfer Work Commitments Medical Other Reason Please State:  Student Signature: Date:  Head of School/Assistant Head  SECTION B - OFFICE USE ONLY  Student Services Signature: Date:  Fees Paid Refund Due (if any): €	Reason for Withdrawal	: Please tick where appropiate		
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