



## School of Nursing and Midwifery

# UNDERGRADUATE APPLICATION FORM FOR NON-CLINICAL EXIT ROUTE LEADING TO QUALIFICATION IN HEALTH STUDIES OR HEALTH STUDIES (WOMEN'S HEALTH)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Student Number: \_\_\_\_\_ Date of Birth: / / Telephone No: \_\_\_\_\_  
(as on ID Card) Day/Month/Year

Address for Correspondence: \_\_\_\_\_

Programme exiting (eg BSc General Nursing 2, 2022-2023): \_\_\_\_\_

If not currently registered, please state programme for which you were most recently registered (eg : BSc Midwifery 3, 2022-23):

Details of Request (ie transfer to Diploma or BSc Health Studies, etc):

Reason for Request (ie Failed Clinical Placement/No longer interested in completing Nursing/Midwifery programme, etc):

*I confirm that I am aware and understand that once I register for this non-clinical exit route, I may not progress from one year to the next (eg from the Diploma in Health Studies to the BSc Health Studies, or from the BSc Health Studies to the BSc (Hons) Health Studies), nor will I have any further opportunity to return to the BSc Nursing or BSc Midwifery programme.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

<p><b>Exit Interview with Director of Undergraduate Education</b></p> <p>Date: _____</p> <p>Signed: _____ (Director)</p>	<p><b>Approved by Head of School</b></p> <p>Date: _____</p> <p>Signed: _____ (Head of School)</p>
<p><b>Letter of confirmation sent to Student by Senior Programmes Administrator:</b></p> <p>Date: _____</p>	

Please return this form to the counter or submission box at G03, Brookfield Health Sciences Complex, UCC or by post to the Senior Programmes Administrator, School of Nursing and Midwifery, Brookfield Health Sciences Complex, UCC or by email to [SONMUnderGrad@ucc.ie](mailto:SONMUnderGrad@ucc.ie).