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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID Number |  | | | | | | | | | | | |
| Degree Programme |  | | | | | | | | | | | |
| Year of Study |  | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | |
| Mobile Number |  | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | |
| Grant Holder (Tick) | **YES** | | |  | | | **NO** | | |  | | |
| Entry Route (Tick) | **School**  **Leaver** |  | **HEAR** |  | **DARE** |  | **QQI** |  | **Mature** |  | **GEM** |  |
| **Note:** Withdrawing from your degree programme may have financial implications should you choose to return to third level later. Please email fees@ucc.ie for clarification on fees. | | | | | | | | | | | | |
| **Course Withdrawal** (please indicate below the main reason(s) you are withdrawing from your degree programme. Please rank in order. 1 = Main Reason, 2 = second reason etc. | | | | | | | | | | **Rank in Order** | | |
| Wrong programme choice | | | | | | | | | |  | | |
| Programme content too difficult | | | | | | | | | |  | | |
| Failed exams | | | | | | | | | |  | | |
| Financial | | | | | | | | | |  | | |
| Health | | | | | | | | | |  | | |
| Employment | | | | | | | | | |  | | |
| Not ready for University | | | | | | | | | |  | | |
| Accommodation not suitable | | | | | | | | | |  | | |
| Repeating LC | | | | | | | | | |  | | |
| Repeating HPAT | | | | | | | | | |  | | |
| Other – Please Indicate | | | | | | | | | |  | | |
| **Further Questions** | | | | | | | | **YES** | | **NO** | | |
| Did you complete Semester 1 Examinations? | | | | | | | |  | |  | | |
| Did you fail a module(s)? | | | | | | | |  | |  | | |
| Did you confirm your attendance in Semester 2? | | | | | | | |  | |  | | |
| Did you intend to repeat a module(s)? | | | | | | | |  | |  | | |
| Have you discussed your decision to withdraw with a member of UCC staff? | | | | | | | |  | |  | | |
| **If yes, please specify:**  Academic Staff (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Support Services (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| I confirm I will return my Student ID Card to the Student Records and Exams Office (Tick) | | | | | | | | | | |  | |
| **Student’s Signature** |  | | | | | | | | | | | |
| **Date** |  | | | | | | | | | | | |