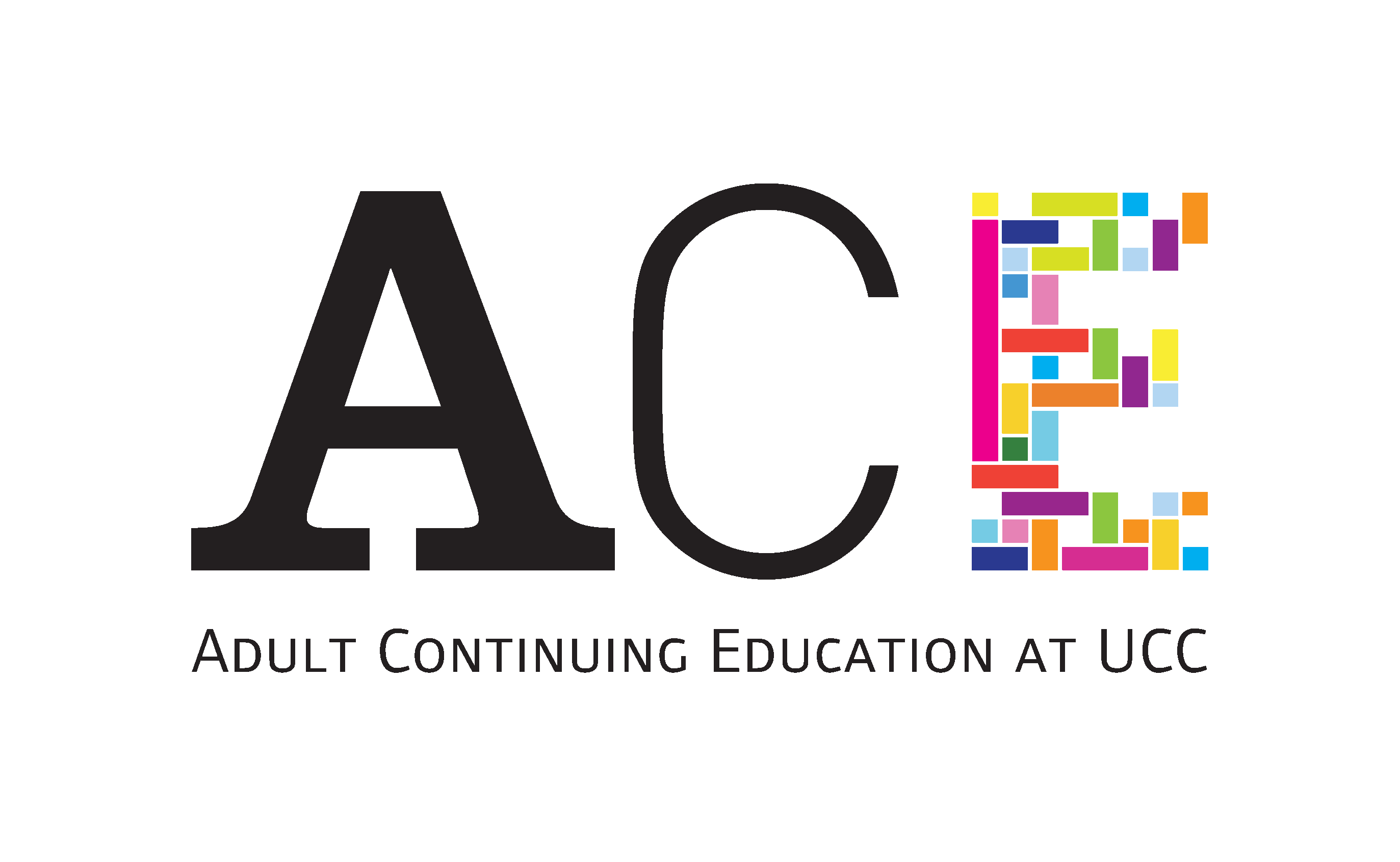
****



**Module/Programme Attendance DEFERRAL Form**

**And**

**Programme WITHDRAWAL Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname**: |  | **First Name:** |  |
| **Student Number:** |  | **Phone Number:** |  |
| **Address:** |  | | |
| **Signature:** |  | **Date:** |  |
| **Programme**  **Title:** |  | **Location/**  **Outreach Centre:** |  |
| **Please state reason(s) for withdrawal/deferral: (e.g. Health, Academic, Personal, Other)** | | | |

**THIS SECTION TO BE COMPLETED BY THE PROGRAMME CO-ORDINATOR:**

**If a student is WITHDRAWING FROM THE PROGRAMME, have any modules been assessed to date? Y/N: \_\_\_\_\_\_\_,**

**if “Y”, please fill in details below:**

|  |  |
| --- | --- |
| **Module Code** | **Module Title** |
|  |  |
|  |  |
|  |  |
|  |  |

**If a student is DEFERRING ATTENDANCE AT A PROGRAMME, please list the module(s) you wish to defer:**

|  |  |
| --- | --- |
| **Module Code** | **Module Title** |
|  |  |
|  |  |
|  |  |
|  |  |

**Please note**

**Students are advised to check fee implications when deferring from the programme. Re-registration on a programme is subject to availability and adherence to relevant academic Marks and Standards.**

***Fees Liability information in case of programme cancellation:***

**Up to 29th October, - 0% of fees  
1st November– 31st January, - 50% of fees  
After 31st January, - 100% of fees**

**DECLARATION**

*I declare that the material provided with this application is a true and accurate representation of the circumstances on which the application is based. I accept all rules and procedures governing the examination process.*

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

**COMPLETED APPLICATIONS**

* Send completed applications to your programme co-ordinator at:

(Name of Programme Co-ordinator)

Adult Continuing Education (ACE)

The Laurels, Western Road

University College Cork

Cork, T12 EH31

* Applications must be signed by the applicant and NOT by a third party.

***Programme Co-ordinator’s signature: ----------------------------------------------------- Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***