

## COURSE WITHDRAWAL FORM

Please complete in **BLOCK CAPITALS**

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd/mm/yr

Course Name: \_\_\_\_\_

Course Code: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

dd/mm/yr

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Reason for Leaving If appropriate you may tick more than one box	Tick appropriate box below
Course not suitable	
Repeating Leaving Certificate	
Uncertain of career plans	
Accepted place in another College	
Obtained Employment	
Medical Reasons	
Family Commitments	
Financial Reasons	
Commuting Difficulties	
Unable to locate suitable accommodation	
Dissatisfaction with College/Course Structure	
Dissatisfaction with quality of lectures	
Dissatisfaction with quality of college environment	

Other comments on reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(The student is requested to inform the Course Coordinator/Deputy Principal before submitting this form and to acquire an acknowledgement signature)

Course Coordinator/Deputy Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**This form and ID Card are to be returned to the Admissions Office, St John's Central College, Sawmill St. Cork.**