

**Document Identifier:** Exit from a Course Withdrawal Form

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<b>Document Title:</b>	Exit from a Course Withdrawal Form
<b>Description:</b>	This form is required for exiting a course at Marino Institute of Education
<b>Author (Position):</b>	Vice President (Academic Affairs) and Registrar
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*An Associated College of The University of Dublin, Trinity College*

## Exit/Withdrawal Form

### Confirmation of Undergraduate/Postgraduate Student's Intention to Withdraw from Marino Institute of Education

#### Section A: TO BE COMPLETED BY STUDENT OR TUTOR

(Students are advised to discuss their intention to withdraw from Marino Institute of Education with their College Tutor and arrange for him/her to forward this form to the Registrar.)

**Course:** \_\_\_\_\_

**Year of Course:** \_\_\_\_\_

**Reasons for Student's Withdrawal:** Please rank the 3 main reasons (1, 2, and 3)

Course not as expected \_\_\_\_\_

Do not enjoy the course \_\_\_\_\_

Family difficulties \_\_\_\_\_

Personal difficulties \_\_\_\_\_

Financial difficulties \_\_\_\_\_

Other \_\_\_\_\_

If other, please give a brief description of reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following were consulted by the student:**

Student Counselling Service \_\_\_\_\_

Student Health Service \_\_\_\_\_

Tutor \_\_\_\_\_

Careers Advisory Service \_\_\_\_\_

Students' Union \_\_\_\_\_

Academic Staff Member on Course \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**The above information will be treated as confidential and will be used for statistical purposes only.**

**PTO →**

**Section B: PART I TO BE COMPLETED BY STUDENT AND TUTOR AND RETURNED TO**

**REGISTRAR  
MARINO INSTITUTE OF EDUCATION**

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **Tutor:** \_\_\_\_\_

I hereby confirm my intention to withdraw from Marino Institute of Education I understand that if, in the future, I wish to pursue this course, I will be required to reapply through the appropriate application procedure in place at that time. Marino Institute of Education is under no obligation to automatically accept me as a student again.

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

**To be completed by Tutor:**

I note that the above-named student wishes to withdraw from College.

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

**NB Tutors** should ensure that students are aware of the fee implications of withdrawal from the Institute as stated in the Institute Charges Policy.