Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Application for 'Free Fees Initiative' in a Repeat Year

This form should be submitted by the **Tutor / Supervisor** to Student Cases **by uploading to HALO here**.

All sections of the form must be completed in full. Incomplete forms will cause delays in processing.

Section A: Information to be completed by the student and the student's tutor

Date of Request:		Course Name:	
Student Name:		Year of Course:	
Student ID:		Tutor's Name:	
		Tutor's Email:	

I wish to make a request that the above-named student be eligible for the 'Free Fees Initiative' in a repeat year due to exceptional circumstances such as certified serious illness.

The student has (please tick appropriate box):

1. Withdrawn from the current year of study and gone off-books (OBN) for the rest of the year, and wishes to repeat the year in full.

2. Withdrawn from annual examinations and wishes to repeat the year in full.

3. Withdrawn from reassessment examinations and wishes to repeat the year in full.

Please indicate:

Academic year the student wishes to repeat (i.e. 2023/24) _____

Academic year in which the student wishes to repeat (i.e. 2024/25) _____

Please state below the basis of the student's appeal for eligibility for the 'Free Fees Initiative' in a repeat year:

Have you provided supporting details and evidance? (Mandatory) Yes No

Any medical evidence presented should use the form supplied for completion by the student's doctor ('*Medical Report concerning an application for eligibility for the 'Free Fees Initiative' in a repeat year*') and any other supporting documentation.

Is the student in receipt of SUSI? Yes No N/A

Section B: Consent and Privacy Statement

This form together with all supporting documentation is submitted on the understanding that the data contained therein are used solely for the purposes of the consideration of Return to College. The data will be retained in a secure location for the period of a student's registration in College, together with an additional period of thirteen months following graduation. Thereafter, all data will be erased.

Further details on the data protection regulations pertaining to these materials can be found at www.tcd.ie/privacy/. You are asked to read these carefully and indicate your consent below to the submission of all documentation relevant to your appeal subject to these regulations.

Student's Signature **Date**

References

College Calendar Student Cases Website

Trinity College Dublin
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Section C: To be completed by a medical practitioner: GP/Consultant/ Psychological Therapist and submitted by 1 August

Student's Name:

Dear Doctor/Therapist,

The above-named student of Trinity College wishes to make an application for eligibility for the 'Free Fees Initiative' in a repeat year.

The Department of Education and Science gives discretion to the College to confirm such eligibility in exceptional circumstances such as certified serious illness.

In order that the student's case may be properly considered, I would be grateful if you would give details of the student's medical condition in response to the questions attached. This is in order that sufficient information might be received to enable a decision to be made on the case, but no more information than is strictly necessary.

Please be assured that any information received is treated in the strictest of confidence.

Thank you in advance for your assistance.

Yours faithfully,
Senior Lecturer

NB : The student should complete and sign this front page and a copy may be retained by the doctor.

This page and the accompanying medical report should be returned by the student to the student's personal tutor for forwarding to the Senior Lecturer.

Name, qualifications and address of medical practitioner:

Please state the name of the student's condition:

Please state the time during which the student was affected by the condition:

Please state how this condition affected/affects the student's ability to attend College and study effectively during the academic year in question:

Please state how often you have seen this student, and how often you envisage that you will see the student in the future:

Please indicate when you envisage that the student will be fit to successfully resume study:

Section C: To be completed by a medical practitioner: GP/Consultant/ Psychological Therapist and submitted by 1 August

Please sign below to confirm that you are satisfied that the student's condition is / was of a serious nature and has actively impaired or curtailed the student's attendance and studies such that they were unable to present for examination or otherwise complete their year.

Doctor's /Therapist's Signature

Date

Office Stamp