

Postgraduate Application for Withdrawal (with no intention of return)

This form should be submitted by the **Supervisor** to Student Cases by emailing <u>pgcases@tcd.ie</u>.

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

Section A: Student Details	
Date of Request:	Supervisor Name:
Student Name:	Supervisor Email:
Student ID:	School / Programme
Course Name:	Office Contact:
Year of Course:	School / Programme Office Email:
Current Status: 1. On Books 2. Off-	-books (OBN) 3. Off-books taking Assessments (OBA)
Section B: Reason(s) for withdrawing	
Accommodation Course not as expected	Course too difficult Difficulties adjusting to 3rd level
Disability needs not met Mental health reasons	Medical reasons Financial Reasons Personal reasons
Other	
Please provide supporting details and evidence if required:	
Have you included relevant supporting documentation?	Yes No
Please confirm that you have discussed this request with your coordinator/supervisor?	course Yes No
Please confirm that you have read and understood the implicat	
withdrawing from the course and have referred to the college ca and student finance page regarding fee implications.	alendar
Section C: Privacy Statement	
	nitted on the understanding that the date contained therein are used solely boks. The personal data included in this application form will be processed
	Dublin and the Privacy Notice of Trinity College Dublin and will be shared
marteterant Schools, Separaments, Course Offices.	
Student's Signature	Date
References	
College Calendar Student Cases Website Student Finance Website	