



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Application for 'Free Fees Initiative' in a repeat year

E-mail to: studcase@tcd.ie

Updated: May 2021

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

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|------------------|----------------------|
| Date of request: | <input type="text"/> |
| Student's Name: | <input type="text"/> |
| Student's ID: | <input type="text"/> |
| Course: | <input type="text"/> |
| Year of course: | <input type="text"/> |
| Tutor's Name: | <input type="text"/> |
| Tutor's Email: | <input type="text"/> |

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):

- Withdrawn from the current year of study and gone off-books (OBN) for the rest of the year, and wishes to repeat the year in full.
- Withdrawn from annual examinations and wishes to repeat the year in full.
- Withdrawn from reassessment examinations and wishes to repeat the year in full.

Please indicate:

Academic year the student wishes to repeat (i.e. 2019/20)

Academic year in which the student wishes to repeat (i.e. 2020/21)

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

Supporting information should be enclosed with this form. 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.

OPTIONAL (The information below will help us to speed up the SUSI grant process):

Is the student in receipt of SUSI?

Yes No N/A

Section B: Consent and Privacy statement

I agree to the information provided in the below medical report being released to the Senior Lecturer of Trinity College as part of the consideration of my application for eligibility for the ‘Free Fees Initiative’ in a repeat year as described in the *Procedure for the consideration of appeals for eligibility in a repeat year*.

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 application for eligibility for the ‘Free Fees Initiative’. The personal data included in this application form will be processed in accordance with the Data Protection Policy of Trinity College Dublin and the Privacy Notice of Trinity College Dublin and will be shared with the Trinity Medical Committee.

Student’s signature: Date:

Section C: Information to be completed by the medical practitioner

Medical Report concerning an application for eligibility for the 'Free Fees Initiative' in a repeat year

Student's Name:

Dear Doctor,

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:

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.

Signature:

Date:

Official stamp of medical practice: