



For Courses Starting in January ONLY

Student Withdrawal Form - Academic Year _____

It is recommended that you discuss your decision to Withdraw with your Head of Department/ Lecturers/Student Resource Centre/Careers Officer/Course Tutor before you complete this form.

Student Name: _____

Student Number: _____ Mobile No: _____

Course Title: _____ Year: _____

I am withdrawing from the above programme on (last date attended) ____ / ____ / ____

Reason for Withdrawal (Please tick where appropriate)

Employment (01)	<input type="checkbox"/>	Apprenticeship (02)	<input type="checkbox"/>
Financial Reason (06)	<input type="checkbox"/>	PLC Course, Other IT/ Third Level College (03)	<input type="checkbox"/>
Medical (10)	<input type="checkbox"/>	Did not Like Course/Not Suited to Course (11)	<input type="checkbox"/>
Other Reason (09) Please State:			

Full Time Students

Have you paid the course fees Yes No

In the event of your withdrawal, student fees will be charged as follows:

Your official withdrawal date is the date this form is returned to the Registration Department

Withdrawal Dates for 6 Month Course	Withdrawal Dates for 12 Month Course	Refund	Fee Liability
Before 28 th February	Before 31 st March	Full Refund of Fee	No Fee Liability
March 1 – April 30 th	April 1 – Jun 30 th	Excess of liability paid (50% of course fees)	50% course Fee (where applicable)
After 1 st May	After July 1 st	No Refund	Full Fees

STUDENT CARD MUST BE RETURNED WITH THIS FORM

Student signature: _____ Date: _____

Head of Department: _____ Date: _____

This form should be returned to: Registration Dept., AIT, Dublin Road, Athlone

FOR OFFICE USE ONLY

Entered by: _____ Date: _____

Letter Issued Bank A/C Details Submitted ID Card Returned

PERSONAL DATA NOTICE

1. AIT has data protection and privacy policies which govern and detail how we process personal data. These are available on the AIT website at www.ait.ie/gdpr. We request that you familiarise yourself with these documents.
2. We will only use the data you have provided on this form to process your request for a withdrawal.
3. Where the reason for leaving puts a duty of care on the Institute for further action, we reserve the right under Article 6 (d) *processing is necessary to protect the vital interests of the data subject or of another natural person*, to follow up in a manner deemed appropriate by our Student Services/Institute Management, up to and including a follow up phone call/contact with you or with services appropriate to the situation.
4. Your information will be retained on file, in the Registry office, for the academic year then it will be shredded confidentially.
5. With the exception of the follow up process noted in point 2, this information will not be shared with anyone outside of the appropriate staff of the Institute.
6. By completing and signing this form you are agreeing to the conditions of processing