Please complete this form to request to exit from your current programme of study with an alternative (lesser credit) award where this is available.

On completion, this form must be submitted to **Student Enrolment in the Registry** by the relevant semester deadline below.

Please note that forms received after the end of term will not be processed until the Progression and Award Board has taken place.

*Dublin City University is not responsible and shall not be bound by errors in or omissions from this publication; the University reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by Academic Council in relation to any such change.*

**Submission Deadlines**

|  |  |
| --- | --- |
| **Semester One 2022/23:** | Monday 28th November 2022 |
| **Semester Two 2022/23:** | Monday 3rd April 2023 |
| **August 2022/23:** | Monday 10th July 2023 |
| **November 2022/23:** | Monday 25th September 2023 |

1. **Student Details**

|  |  |
| --- | --- |
| **Student Number:** |  |
| **Surname:** |  |
| **First Name:** |  |
| **Current Programme Code & Title:** |  |
| **Contact Phone Number:** |  |

1. **Alternative Award Request Details**

|  |  |
| --- | --- |
| **Requested Award:**(Please tick relevant box) | Graduate Certificate Master of Philosophy (Education) Undergraduate Diploma MA in Psychotherapeutic Studies Graduate Diploma  |
| **Please detail below the modules completed for this Alternative Award:** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Student Declaration**

*I hereby confirm that I wish to exit my current programme with the associated award as indicated above. I understand that my registration on the current programme will therefore be cancelled.*

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

1. **Programme Chairperson Approval**

*On behalf of the programme board, I hereby approve this student to exit with the alternative award, pending PAB approval.*

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

(Chairperson)

**Office Use Only:**

Date of form receipt in Registry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick stages below as they are completed:

|  |  |  |
| --- | --- | --- |
| **ITS Registration Updated** |  | **On:** *(Please populate date below)* |
| **V Drive Updated** |  |
| **Hold for PAB Approval** |  |