

Request to **Exit Programme with an Alternative**

Award - R42

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 dele notice as may be determined by Academic Cour			
Submission Deadlines			
Semester One 2021/22:	Monday 29th November 2	2021	
Semester Two 2021/22:	Monday 4 th April 2022		
August 2021/22:	Monday 11 th July 2022		
November 2021/22:	Monday 26 th September	2022	
A. Student Details			
Student Number:			
Surname:			
First Name:			
Current Programme Code & Title:			
Contact Phone Number:			
B. 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:			
C. Student Declaration I hereby confirm that I wish to exit my curre	nt programme with the assoc	ciated award as indicated above. I	

understand that my registration on the current programme will therefore be cancelled. Signed: _ Date: _

Data Protection Notice: Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: https://www.dcu.ie/registry/data-protection-notice.shtml **Revised November 2021**



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(Student)

D. Programme Chairperson Approval

On behalf of the programme board, I hereby approve this student to exit with the alternative award, pending PAB approval.		
Signed:(Chairperson)	Date:	
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		