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 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 2018/19:	Monday 3rd December 2018
Semester Two 2018/19:	Monday 8th April 2019
August 2018/19:	Monday 15th July 2019
November 2018/19:	Monday 30th September 2019

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 ☐ Undergraduate Diploma ☐ Graduate Diploma ☐

Please detail below the modules completed for this Alternative Award:

C. 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: _____
 (Student)

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 October 2018**

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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: _____   Date: _____
(Chairperson)

Office Use Only:

Date of form receipt in Registry: _____

Please tick stages below as they are completed:

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