In an effort to improve services to students in NUI, Galway, we would appreciate if those who are withdrawing from their course before graduation could complete this short questionnaire.

**THE INFORMATION YOU SUBMIT ON THIS FORM IS STRICTLY CONFIDENTIAL.**

This information will only be used for statistical purposes and to help improve the services provided by the University. Before you withdraw from NUI, Galway you are earnestly encouraged to speak with a member of the Student Support Services staff (Accommodation Officer, Careers Staff, Chaplain, Counsellor, Disability Officer, Health Promotion Officer, International Students Officer, Mature Students Officer, Student Union Officer or a member of the Health Unit staff). Contact details are available from the Student Contact Centre or online at [www.nuigalway.ie/current-students](http://www.nuigalway.ie/current-students).

1. Course and Year (e.g. 1BA1): _____________  
2. Male □ Female □  
3. Age ______

4. I am leaving NUI, Galway because I am (please choose one of the following):
   - [ ] Withdrawing from Higher Education  
   - [ ] Transferring to another Institution □ - Please Specify to which one ______________________  
   - [ ] Taking time out □ - Please Specify _________________________________  
   - [ ] Other □ - Please Specify _________________________________

5. Do you plan to return to NUI, Galway?  
   - Yes □  
   - No □  
   - If yes, when? _________________________

6. Have you discussed this decision with University Student Support Services?  
   - Yes □  
   - No □
   If Yes, please specify (tick as many as required):
   - [ ] Accommodation Office  
   - [ ] Mature Student Officer  
   - [ ] Chaplaincy  
   - [ ] Student Counselling Service  
   - [ ] Disability Office  
   - [ ] Health Promotion Officer  
   - [ ] Student Health Unit  
   - [ ] Student Union  
   - [ ] Careers Office  
   - [ ] Student Mentor  
   - [ ] Student Services Administrative Staff  
   - [ ] Other (please specify) _________________________________

7. Have you discussed this decision with any other member of staff?  
   - Yes □  
   - No □
   If Yes, please specify (tick as many as required):
   - [ ] Professor  
   - [ ] Lecturer  
   - [ ] Tutor  
   - [ ] Faculty Office Staff  
   - [ ] Contact Centre Staff  
   - [ ] Fees Office Staff  
   - [ ] Other (please specify) _________________________________

8. Other than the above, please specify with whom have you discussed this decision?  
   _________________________________

9. List any University Clubs/Societies or student activities in which you were actively involved:  
   _________________________________  
   _________________________________  
   _________________________________
10. Rank 1, 2, 3 etc the primary reasons for leaving NUI, Galway before completing your course?

**TRANSFER**
- ☐ Transferring to professional training scheme
- ☐ Transferring to another University / College

**EMPLOYMENT**
- ☐ Offer of employment

**PERSONAL/FAMILY REASONS**
- ☐ Personal illness
- ☐ Illness of close family member
- ☐ Pregnancy
- ☐ Relationship problems
- ☐ Accident / Injury
- ☐ Emotional / Psychological issues
- ☐ Feelings of isolation or loneliness
- ☐ Family responsibilities
- ☐ Accommodation problems

**FINANCIAL REASONS**
- ☐ Financial difficulties
- ☐ Pressure of part-time work
- ☐ Unable to pay University fees

**ACADEMIC DIFFICULTY**
- ☐ Dissatisfied with academic requirements or regulations
- ☐ Pressure of academic work
- ☐ Academic Course too difficult
- ☐ Poor exam results
- ☐ Wrong Course choice
- ☐ Dissatisfied with quality of teaching

**LANGUAGE DIFFICULTY**
- ☐ Language difficulties

**UNSUITABILITY OF COURSE**
- ☐ Course not suitable for my needs at this time

**TRAVEL DIFFICULTY**
- ☐ Difficulty/expense of travel to University

**OTHER**
- ☐ Dissatisfied with quality of student life
- ☐ Dissatisfied with quality of support services
- ☐ Other (Please Specify) ________________________________________

11. Please give whatever other details you wish regarding your withdrawal from University, attaching a further sheet if necessary.

*You may also choose to include your name or your University ID number:*

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Please return this form to the box provided in the **Student Contact Centre**
or post (using internal or external mail) to **Student Services, NUI, Galway**, marking the envelope ‘Course Withdrawal Form’