**RESIGNATION LETTER**

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| Name / Surname | ID Number | Date of Birth |
| *I hereby declare that I am resigning from:*Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I hereby also declare that:** *I have returned all books borrowed from the Learning Library Resource Centre, and;*
* *I have returned the College student card.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Student Date** |

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| **If the student is under 18 years of age** |
| Parent / Guardian Name / Surname | Parent / Guardian signature  | ID Card number |

**Reason/s by Student for Resigning:**

[ ] 1. I found the course too difficult academically to understand and follow.

[ ]  2. The course was not challenging enough.

[ ]  3. The course content was not what I expected.

[ ]  4. I had difficulties with the language used during lectures.

[ ]  5. I did not find the right support from the Institute/College.

[ ]  6. I did not find the right support from home.

[ ]  7. I needed money to support myself / family.

[ ]  8. I had family problems at home.

[ ]  9. I found work/employment.

 Full-time or part-time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  10. I did not want this course from the start.

[ ]  11. I had problems with transport.

[ ]  12. I had problems with other student/s.

[ ]  13. I had problems with staff at school.

[ ]  14. I realised that job prospects in the field are very limited.

[ ]  15. I wanted to take a year gap before I continue studying

[ ]  16. I am not interested in studying

**For Office use only**

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| **Details of MCAST Representative**  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name & Surname** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of interview** |
| **Comments by Institute Representative.** A brief narration of what went on during meeting / interview, and any salient comments to be recorded.Any comments the Management member feels should be recorded as a matter of closing off the record. |

***Note: Original of Form to be forwarded to Registrar’s office. Copy of Form to be retained in Student’s File at Institute***