**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***