



South East Technological University
Carlow Campus

DATE RECEIVED

EXIT AWARD APPLICATION FORM

Application Procedure:

This Application Form should be used by those who wish to apply for an Exit Award

CLOSING DATE FOR APPLICATIONS: 20th September

Completed application forms should be returned to:

Examinations Office, SETU Carlow Campus, Kilkenny Road, Carlow

Tel. No: 059 9175178

E-mail: examinations.cw@setu.ie

Website: www.setu.ie

PLEASE USE BLOCK CAPITALS

PERSONAL DETAILS

SURNAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH

GENDER

TEL. NO: _____

MOBILE NO: _____

EMAIL ADDRESS

DECLARATION

I wish to apply for an Exit Award. I understand that the granting of my Exit Award means that I am withdrawing from my current Programme and from the University.

I declare that I have successfully completed: Year 2 ☐ Year 3 ☐ (please tick appropriate box)

Signed: _____ Date: _____

PROGRAMME CODE	PROGRAMME TITLE

Student No.: _____