

RECTOR,  
Professor Marian BARBU, Ph.D.

DEAN,  
Professor Mariana-Carmelia Dragomir BĂLĂNICĂ, Ph.D.

MADAM DEAN,

I, the undersigned \_\_\_\_\_, student at the Cross Border Faculty of "Dunărea de Jos" University of Galați, yer \_\_\_\_\_ Field/Study Program \_\_\_\_\_, full-time education, **state-funded/fee-paying**, kindly request your approval for **my permanent withdrawal from the faculty**, for the following reasons:

1.	Financial difficulties	
2.	Family problems	
3.	Health problems	
4.	Work-related commitments at my current job	
5.	Transfer to another higher education institution	
6.	Increased difficulty of courses/seminars/laboratories	
7.	Failed exams	
8.	The specialization does not suit me	
9.	Insufficient integration into the university environment	
10.	Lack of motivation to continue	
11.	Personal belief that I cannot cope with university responsibilities	
12.	Change in personal career decision	
13.	Relocation to another city / abroad	
14.	Other reasons (please specify)	

Date:

Signature:

Year of study	Academic year	Academic status	Observations

I confirm the accuracy of the above information

Faculty Secretary,

## Center for Counseling and Career Guidance (CCCG)

### QUESTIONNAIRE REGARDING UNIVERSITY DROPOUT

Please read carefully and answer sincerely. Your responses are confidential, used exclusively for statistical analysis, and will not be presented or associated with your name or any other identifying information.

First and last name: \_\_\_\_\_

Faculty/Specialization: \_\_\_\_\_

Year of study: \_\_\_\_\_

Type of education (**check the appropriate box with an X**):

Full-time education	Distance learning	Part-time / Reduced attendance education
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Type of funding (**check the appropriate box with an X**):

STATE-FUNDED	TUITION FEE
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E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Background: urban/ rural

Are you employed? (check the appropriate box with an X):

YES	NO
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Name of employer and position held: .....

1. Please indicate the reason(s) that prevented you from completing your bachelor's/master's program.  
(**check the appropriate box(es) with an X**)

Financial difficulties	
Family problems	
Health problems	
Work-related commitments	
Transfer to another higher education institution	
Increased difficulty of courses/seminars/laboratories	
Failed exams	
The specialization does not suit me	
Insufficient integration into the university environment	
Lack of motivation to continue studies	
Personal belief that I cannot cope with university responsibilities	
Change in personal career decision	
Relocation to another city / abroad	
Lack of time	



Visa denied (for international students admitted to the university)	
Expulsion for not completing the enrollment procedure	
Expulsion for non-payment of tuition fees	
Other reasons (please specify): .....	

2. Did you request assistance from the faculty administration or teaching staff to help you stay engaged in your studies? **(check the appropriate box with an X):**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Have you received career counseling and guidance? **(check the appropriate box with an X):**

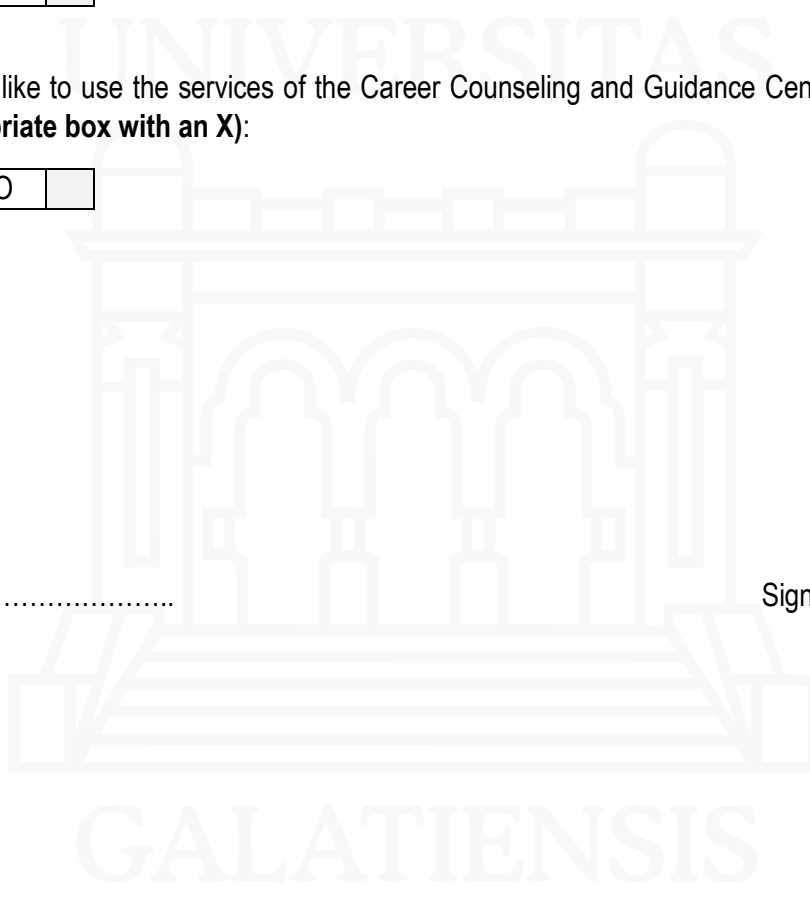
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Would you like to use the services of the Career Counseling and Guidance Center (CCOC)? **(check the appropriate box with an X):**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Date of completion: .....

Signature: .....



*The processing of personal data will be carried out in accordance with the provisions of Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation – GDPR).*

