

Request To Withdraw From A Course/Program

We undertake that your particulars will be kept confidential and will not be divulged to any third party without your prior consent. *If you are eligible for a refund, please complete and submit the Refund Request Form and refunds will be processed according to the refund policy as stated in the Student Handbook or other University documentation.

Student Do	etails (please ¡	orint in CAPITAL LETTE	-,
Last Name:		Matr	triculation ID:
First Name:		Con	ntact Telephone:
Address:		Addr	dress 2
Postal Code:		Email:	
Date of Applicat	ion:		
Program/C	ourse Details		
Program Code:	(e.g., BBA)		
If withdrawing	from a course(s), ple	ease indicate the following details:	
Course Co	ode	Course Title	Instructor Name
Reasons following beform a) may b) rei	or Withdrawal withdraw from my pre my withdrawal will ake all outstanding p	ogram with effect from	I understand that I am required to fulfill the
c) ret	turn the Student ID to		sity
Reaso	ons for Withdrawal:		
Reaso	orn the Student ID to	o the Library	
Reaso	ons for Withdrawal: ature:	o the Library	
Reason Signa Official Us Exit Interview Date	eture:	o the Library	Date:

To be completed by Librarian	
Item (b) and (c) cleared Yes No	
Librarian Name:	
Librarian Signature:	
Date:	
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Program Director Signature:	