APPLICATION FOR WITHDRAWAL FROM THE PROGRAMME

Section 1: Student's Details			
Full Name			
Current & Correspondence Address			
Telephone No.		Mobile No.	
ID No. / Passport No.			
Date of Birth		Gender	
Nationality			
Religion		Race	
Programme		Current Semester	
Email Address			

State reason to withdraw from the programme

- Please tick at the appropriate column.

◯ Health / Accident ◯ Workload

◯ Financial ◯ Maternity

◯ Personal Reason ◯ Others (please state) _____

In case of Emergency Please Contact			
Name			
Telephone No		Relationship	

Section 2: Student's Declaration

I hereby declare that the above information given by me is true and correct.

Signature:

Date

Section 3: Approval by Head of Department	Section 4: Approval by Bursary
☐ Approved ☐ NOT Approved	☐ Approved ☐ NOT Approved
....	....
Name Date	Name Date