

Course Withdrawal Form

If you change your address during the period of withdrawal please contact your enrolling faculty to ensure your address details are updated for future correspondence.

Please fill the 'Refund Request Form' for any refund that might be applicable.

Student Name: _____

Student ID: _____ Date of Birth: _____

Address: _____

Contact No. _____ Email: _____

Course Code & Name: _____

Date of withdrawal: _____

Reason for Withdrawal: (Please provide all the necessary documentation)

Student Signature: _____ Date: _____

Office use only		
Request Received by	Date	
Withdrawal Processed by	Withdrawal Date	Signing Date