

APPLICATION FOR WITHDRAWAL FROM A PROGRAM



Please complete all the sections, incomplete application will be returned

SECTION 1: PERSONAL DETAILS

Name of the Candidate: MR MS MRS _____

National ID Number: _____ D.O.B: DD/MM/YYYY

Current Course/Level: _____

Semester Intake: DD/MM/YYYY

Correspondence Address: _____

Tel No (Home): _____ Tel No (Office): _____ Mobile No: _____

Email Address: _____

Are you sponsored? Yes No

If yes, Name of the Sponsor: _____

(Attach a written and signed approval from your sponsor)

SECTION 2: REASON FOR WITHDRAWAL *(Indicate your primary reason for withdrawal by ticking one of the following)*

- Medical *(Attach MC)* Financial Constraints Personal
 Work Commitments Transferring to other college Dissatisfied with college
 Other *(Please give reason below)*

Reason for withdrawal: _____

SECTION 3: DECLARATION

I am aware that I am liable for any outstanding fees associated with my withdrawal from the course named above and take full responsibility to pay all the outstanding fees.

Student Signature: _____

Date: _____

For office use only:

Total amount to be paid for withdrawal: <input type="text"/>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 100px; margin: 0 auto;">Office Stamp</div>
Special circumstance: _____	
Comments: _____ _____ _____	
Signature: _____	
Date: _____	