



Application for Withdrawal from a Program

004 – MAPS
Version 2.0 | Nov 2022

Student Details:

| | | | |
|--------------------------------|--|-----------------|--|
| Student Name: | | | |
| National ID / Passport Number: | | Contact Number: | |
| Course Name: | | | |

Withdrawal Details:

| | | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Are you sponsored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, Name of Sponsor: | | |
| Reason for Withdrawal: <i>(Indicate your primary reason for withdrawal by ticking one of the following)</i> | <input type="checkbox"/> Medical <input type="checkbox"/> Financial Constraints <input type="checkbox"/> Personal <input type="checkbox"/> Work Commitments <input type="checkbox"/> Transferring to other college <input type="checkbox"/> Dissatisfied with college <input type="checkbox"/> Other (Please give reason below) _____ _____ | |

Declaration:

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read policies regarding withdrawal from a program and I agree to abide by the conditions set out there. 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.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

For Office Use Only:

| | | | |
|-------------------------------------|--|-------|--|
| Received By: | | Date: | |
| Remarks: | | | |
| Payment Details: (If Applicable) | | | |
| Approved By: | | Date: | |