



WITHDRAWAL

Personal details

Full name

ID Card No

Contact number

D.O. B

Emergency contact number

E-Mail

Current Address

Course Details

Program

Year/Intake

Batch no.

Reason for withdrawal

State clearly why you wish to withdraw from the course

Are you a sponsored/scholarship student?

YES

NO

(if yes, state the name of the sponsor below)

Name of sponsor/Scholarship

Declaration

I am aware that I am liable for any outstanding fees associated with my withdrawal from the course mentioned above and take full responsibility for ensuring all outstanding fees are paid for

I declare all information given in this form and attended documents (if any) are accurate and true to the best of my knowledge

I understand that there will be no withdrawal until the college notifies me of the approval of my application

Signature

Date

Academic Department Use Only

TO BE FILLED BY THE COURSE COORDINATOR

- I certify that the student has been called for an interview determining the seriousness of his/her application
- Considering all facts and background of the student, I hereby suggest to approve/reject the application

Status Remarks

Name:

Date / Signature:

Finance Department Use Only

I hereby validate that the student has no pending payment/cleared all the due payments to college

Pending Amount

Name:

Date /Signature: