

STUDENT WITHDRAWAL FORM AA/04/9.03

Please complete all items on this form, obtain the signature from the faculty member, the Department of Finance and finally return it to the Department of Academic Affairs. **Students may apply for withdrawal by the last day of classes.**

STUDENT NAME	
STUDENT NUMBER	
PROGRAM OF STUDY	
SEMESTER <i>(Please tick where appropriate)</i>	<input type="radio"/> FALL 200.... <input type="radio"/> SPRING 200.... <input type="radio"/> SUMMER 200....
COURSE CODE/TITLE	
FACULTY MEMBER NAME	
REASON FOR WITHDRAWAL	

STUDENT DECLARATION: I hereby fully realize that if I withdraw from a specific course during the academic year, Intercollege cannot and will not guarantee that this course will be offered in future semesters and on such time period, so as to enable me satisfy the course requirements of my degree program.

STUDENT SIGNATURE **DATE**

PLEASE COLLECT THE SIGNATURES REQUIRED BELOW

APPROVED BY THE FACULTY MEMBER	
Faculty Member Signature Date	YES <input type="radio"/> NO <input type="radio"/>
APPROVED BY THE DEPARTMENT OF ACADEMIC AFFAIRS	
Academic Affairs Signature Date	YES <input type="radio"/> NO <input type="radio"/>
APPROVED BY THE FINANCE DEPARTMENT	
Finance Signature Date	YES <input type="radio"/> NO <input type="radio"/>

PLEASE RETURN THIS FORM TO THE DEPARTMENT OF ACADEMIC AFFAIRS