



WITHDRAWAL REQUEST FORM

This form is to be completed and handed in at the Student Services Office, room B104 by the student who would like to withdraw.

Name & Surname:

ID No:

Year of Course:

First

Second

Mob. No:

Date:

Tel. No:

Date last attended (if applicable):

Reason for the withdrawal:

Student's Signature

Parent/Guardian's Signature

Please note

1. The student shall continue attending all sessions until the Student Support Services Committee (SSSC) evaluates the request.
2. The SSSC shall hold a meeting with the student and a recommendation will **normally** be communicated within eight (8) working days of the receipt of the request.

For office use

Received on:

SSSC Members:

Date of interview: