



UNIVERSITY WITHDRAWAL FORM

DIN: RUW-OR/W-T-003

RN: 03

ED: 05/11/2018

- Please note:**
- This form must be submitted to the Registrar's Office **before the withdrawal deadline.**
 - In case of any registered courses; Student may please fill the Provisional course withdrawal form **(if applicable)**
 - Fee refunds will be processed in accordance with the Refund Policy.

Student's name: _____ RUW I.D. No.: _____

College: _____ Degree: _____ Curriculum: _____

Academic year: _____ / _____ Semester: 1ST 2ND SUMMER

I request complete withdrawal from RUW due to the following reason(s):

<input type="checkbox"/> <u>MEDICAL REASONS</u>	<input type="checkbox"/> <u>TRANSFERRING TO ANOTHER UNIVERSITY</u>
<input type="checkbox"/> <u>FINANCIAL REASONS</u>	<input type="checkbox"/> <u>INTERNSHIP</u>
<input type="checkbox"/> <u>FAMILY REASONS</u>	<input type="checkbox"/> <u>EXCHANGE PROGRAMME OFFER</u>
<input type="checkbox"/> <u>OTHER:</u> _____	_____

Student: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

Note: the above request shall only be approved upon the approval and confirmation of the sponsoring organization (if any).

Programme Advisor: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

Dean/Director: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

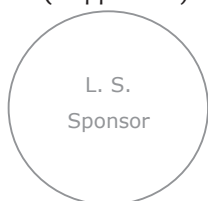
Finance Officer: PROCESSED
Name (print) Signature Date (DD/MM/YYYY)

Library Clearance: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

ICT Clearance: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

OSA Clearance: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)

Sponsor (if applicable) APPROVED REJECTED
Organization/Institution name: _____
Name of person responsible (print) Signature Date (DD/MM/YYYY)



Student Records (Student ID card returned): Yes No

Registrar: _____ / ____ / 20____
Name (print) Signature Date (DD/MM/YYYY)