Name / Signature __



		Withdra	wal Form			
Last Name			First Name			
Reg. No			Passport No			
Majo	1					
Place	e a √ where app	propriate				
Bachelor		Higher Diploma	Diploma	Certifi	Certificate	
Place	e a √ where app	propriate				
	Fall	Spring	Summer_			
	Year	Year		Year		
No	Course Code	Course Titl	le	Credits/Hours	Schedule	
1						
2						
3						
4						
5						
Note:		hdraw from courses up to two wee ree weeks of the semester, students				
		lize that if I withdraw from a course ester or in future semesters so as to s				
Student Signature Date						
		FOR OFFI	CIAL USE ONLY			
Approved by the Academic Advisor					No	
Name / Signature						
Approved by the Accounts Department					No	
Name / Signature						
Approved by the Registrar					No	

Date ____