



# UNIVERSITI KUALA LUMPUR

## REQUEST TO WITHDRAW/QUIT FROM STUDY

UniKL/AcMD/SOP02/FOR/05  
2018

*Note: Student must ensure Section A, B and C are completed before meeting Academic Advisor*

### SECTION A : STUDENT'S INFORMATION

Name : \_\_\_\_\_ ID : \_\_\_\_\_  
 IC/ Passport : \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Programme : \_\_\_\_\_  
 Institute : \_\_\_\_\_ Email address: \_\_\_\_\_  
 Correspondence: \_\_\_\_\_  
 Address \_\_\_\_\_

1. Reason to withdraw from study:

- |                          |                  |                                |
|--------------------------|------------------|--------------------------------|
| <input type="checkbox"/> | Health Problem   | Financial Problem              |
| <input type="checkbox"/> | Personal Problem | Other Study Offer (State Univ) |
| <input type="checkbox"/> | Job Offer        | Other reason                   |

2. I would like to discontinue/quit my study with effect from (date) \_\_\_\_\_

### SECTION B – To be completed by Finance Department

Current Outstanding Debts: RM \_\_\_\_\_ as at (date) \_\_\_\_\_ Signed \_\_\_\_\_

### SECTION C – STUDENT'S DECLARATION

- |  |        |
|--|--------|
|  | Yes No |
|--|--------|
- I declare that the information supplied in this form and the information given in support of my application is correct and complete.
  - I **agree** to withdraw any assessment submitted to the lecturers, and no grades shall be awarded for the courses attended until the point of my withdrawal effective date (if withdrawal after week 9)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Kindly attach supporting letter or document. \*Please circle where applicable

For clause (2) - Student is given option to have their marks be processed if quit after week 9. Grade 'W' is given if withdrawn within week 5-9. If NO, student status should only be updated after provisional result released (after results have been processed).

### SECTION D : FOR ACADEMIC ADVISOR'S RECOMMENDATION:

Signature (Print/Type) :

Date

#### For UniKL Use Only

*Kindly ensure all information are provided and completed before approving this application especially Section A – C. Section D can be completed by Counselor/ authorised person by the Institute in the absence of Academic Advisor.*

#### SECTION E Dean's Approval

Approve       Not Approve

Dean's Signature

Date:

#### SECTION F Academic Services (Enrolment and Records)

Received Date : \_\_\_\_\_ Received by \_\_\_\_\_  
*Print/Type Staff Name for Received by and Sign below*

√	Process Checklist	Date	Sign
1	Drop/Withdraw all courses		
2	Change Status		
3	End from the Academic Advisor's list		
4	Send approval Letter		