



# UNIVERSITI KUALA LUMPUR

## REQUEST TO WITHDRAW FROM STUDY

UniKL/AcMD/SOP02/FOR/05  
2018

*Note: Student must complete Section A, B and C before meeting Academic Advisor*

### SECTION A : STUDENT'S INFORMATION

Name : \_\_\_\_\_ ID : \_\_\_\_\_

IC/ Passport : \_\_\_\_\_ Contact No: \_\_\_\_\_

Programme : \_\_\_\_\_

Institute : \_\_\_\_\_ Email address: \_\_\_\_\_

Correspondence: \_\_\_\_\_

Address \_\_\_\_\_ This address is the same as in our record: Yes No

*If you change your address during the period of deferment, please contact us to ensure your address details are updated for future correspondence.*

1. Reason to withdraw from study:

- |  |   |
|--|---|
| <input type="checkbox"/> Health Problem<br><input type="checkbox"/> Personal Problem<br><input type="checkbox"/> Job Offer | <input type="checkbox"/> Financial Problem<br><input type="checkbox"/> Study Offer from Other University _____<br><input type="checkbox"/> Others _____ |
|--|---|

2. To be completed by Finance Department:

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

### SECTION B – APPLICATION DETAILS

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

### SECTION C – STUDENT'S DECLARATION

1. I declare that the information supplied in this form and the information given in support of my application is correct and complete.

2. 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)

Circle		Initial
Yes	No	

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 Grade 'W' is given if withdrawn within week 5-9.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 : \_\_\_\_\_ 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 & Official Stamp Date: \_\_\_\_\_

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

Received Date : \_\_\_\_\_

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