

Withdraw Form

To be completed by the student:

Student Name		ID	
Program		Campus	
Semester GPA		CGPA	

Withdrawal Details:

Date of Registration :	Date of Withdrawal:
Accommodation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sponsor: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide Sponsor Name)
Reason of Withdrawal :	

Supervisor Student Services Signature: _____ Date _____

Sr. Manager, SS, Support Services & Registrar Signature: _____ Date _____

Official Use	
Remarks:	
Registration office:	Date:

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