



APPLICATION TO WITHDRAW STUDIES (INTERNATIONAL STUDENT)

APPLICANT DETAILS			
Name			
Passport No.		Citizenship	
Student ID			
Programme			
Passport Expiry Date		Student Pass Expiry Date	
Sponsor			
Email			
Mobile No.			

REASONS OF WITHDRAWAL

I decide to withdraw from my studies because of the following reason/s:

Signature

Date

REVIEW FROM FINANCE DEPARTMENT

Outstanding Debt: <input type="checkbox"/> Yes: RM _____ <input type="checkbox"/> No	Review: _____ _____ _____	Checked by: _____ Name & Official Stamp
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IMPORTANT NOTES ON REFUND POLICY

Kindly note that that the refund of tuition fees for a normal semester will based on the following table:

REFUND PORTION	FOUNDATION DROP PERIOD	DEGREE & DIPLOMA DROP PERIOD
Full refund	0-3 days after commencement of the semester	0-7 days after commencement of the semester
2/3 refund	4-5 days after commencement of the semester	8-14 days after commencement of the semester
No refund	After 5 days	After 14 days

*Kindly refer UNITEN Website > Current Student > Academic Calendar & Important Dates for details.

*Please submit the completed form to IO Counter, UNITEN Customer Centre (UCC), Admin Building or email enrol@uniten.edu.my

REVIEW FROM INTERNATIONAL OFFICE (Kindly tick ✓) Remarks	
() Student Pass expiry date _____ () Passport validity _____ () Passport validity less than 1 year _____ () Student Pass validity less 6 months _____ () Student Pass has expired () Currently student is overstaying	() Currently, IO extending student pass () Student pass can renew 3 months within return of student () Currently, IO doing Special Pass for student () Currently student renewing/ extending validity of passport () Currently, student has prepared documents for visa cancellation /Shortening and will submit to IO
Recommended / Not Recommended: _____	Checked by: _____
_____	_____
_____	IO Executive & Official Stamp
_____	Date

REVIEW FROM HEAD OF DEPARTMENT COLLEGE/COLLEGE 'S REPRESENTATIVE: ACADEMIC MATTERS ONLY
Review: _____ _____ _____
Signature & Official Stamp: _____ Date: _____

REGISTRAR'S OFFICE USE		
Effective Date	_____	
Refund of Tuition Fee	<input type="checkbox"/> Refund	<input type="checkbox"/> 2/3 Refund
	<input type="checkbox"/> No Refund	<input type="checkbox"/> Not Applicable
Checked by:	Recommended / Not Recommended by:	Approved / Not Approved by:
Signature: Admin. Assistant (Enrolment)Registrar Office	Signature: Assistant Registrar (Enrolment)Registrar Office	Signature: Deputy Registrar (Enrolment) Registrar Office
Date:	Date:	Date:
Letter of withdrawal issued on:	_____	