

STUDENT WITHDRAWAL OF STUDIES FORM (College of Graduate Studies)

APPLICANT DETAILS	
Name	
Student ID	
Programme	
IC/PassportNo.	
Address	
Email Address	
Handphone No.	
REASONS OF WITHDRAWAL	
<i>"I would withdraw my studies because of the following reason/s:</i>	
Student Signature	Date
IMPORTANT NOTES ON REFUND POLICY	
Kindly note that that the refund of tuition fees for a <u>normal semester</u> will based on the following table:	
REFUND PORTION	Structure A & B & C
Full refund	0-7 days after commencement of the semester
2/3 refund	8-14 days after commencement of the semester
No refund	After 14 days
<p><i>*Kindly refer UNITEN Website > Current Student > Academic Calendar & Important Dates for details</i></p> <p style="text-align: center;"><i>*University Rules and Regulation Apply</i></p>	

COGS ADMIN USE

Effective Date		
Student Status	Date:	
Debt	<input type="checkbox"/> Yes : RM _____	<input type="checkbox"/> No
Refund of Tuition Fee	<input type="checkbox"/> Full Refund : RM _____ <input type="checkbox"/> 2/3 Refund <input type="checkbox"/> No Refund <input type="checkbox"/> Not Applicable	
Checked by : <hr/> Admin. Assistant COGS Admin Office	Recommended/ Not Recommended by: <hr/> Admin Executive COGS Admin Office	Approved /Disapproved by: <hr/> Deputy Dean COGS Admin Office
Letter of withdrawal issued on		