



COURSE WITHDRAWAL FORM

STUDENT INSTRUCTION:

The completed form is to be submitted to the Academic Office.

Student ID : _____ Intake : _____
Name : _____ E-mail : _____
IC / Passport No. : _____ Phone No. : _____
Correspondence Address : _____

COURSE(S) TO BE WITHDRAWN

Programme : _____ Semester : _____

Course Code	Course Name	Credit	Lecture's Signature

Reason : _____ Total credits withdrawing : _____
_____ Total credits after withdrawing : _____

Declaration,

I understand that withdrawing from the course(s) listed above will result in a grade "W" appearing on my academic transcript and that I will owe tuition fees for that course(s) as outlined in the UIM Refund Policy.

Signature Date

HEAD OF SCHOOL/ DIRECTOR OF INSTITUTE

Recommended Not Recommended

Comments : _____

Signature & Stamp
Date : _____

VICE PRESIDENT ACADEMIC

Approved Not Approved

Comments : _____

Signature & Stamp
Date : _____

ACADEMIC OFFICE USE

Withdrawal status of student in SPBU is updated by: _____
Signature & Stamp Date