



COURSE WITHDRAWAL FORM

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

COURSE(S) TO BE WITHDRAWN

Programme : _____ Term : _____

Course Code	Course Title	Credit	Lecturer'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 : _____

Remarks by Academic Office

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

* Note :

Please send the copy of completed form to Academic's Office for filing purpose.