

Date

UNIVERSITI ISLAM MALAYSIA

ISLAMIC UNIVERSITY MALAYSIA الجامعة الإسلامية بماليزيا

ACADEMIC MANAGEMENT & QUALITY ASSURANCE

BLOK I, BANGUNAN MKN EMBASSY TECHZONE, JALAN TEKNOKRAT 2, 63000 CYBERJAYA, SELANGOR DARUL EHSAN | TEL: 03-8324 6666 | FAKS: 03-8324 6600

STUDY WITHDRAWAL FORM

STUDENT INSTRUCTION:

- Student must obtain remark fr	om each department before sub	mit to the Academi	c Office.	
Name :		Student ID	:	
IC / Passport :		Phone	:	
Address				
INFORMATION				
Programme :		Intake	÷	
Current Semester :		_ Sponsor	:	
Reason(s) for Withdrawal :				
☐ Financial problem ☐ Tra	nsferring to another institution			
☐ Medical problem ☐ Per	sonal problem	☐ Others		
Please specify :				
Plan for readmission?	Yes No If Yes, when	n?		
I understand that, even though I a obligations to the University.	m withdrawing from UIM, I am	n responsible for a	all outstanding financial	
	Remarks from Head of Sch	ool		
Note (if any):				
Date :	Signature & S	tamp :		
Remarks from Main Supervisor				
Note (if any):				

Signature & Stamp : _____

Remarks from Administration Office			
Note (if any):			
Date : Signature & Stamp :			
Remarks from Library			
Note (if any):			
Date : Signature & Stamp :			
Remarks from Finance Department			
Note (if any):			
Balance carried forward from last semester :			
Current Semester / Term Fees			
Total outstanding to date :			
Refundable Deposit			
Tuition fees refundable :			
Balance to be settled :			
Date : Signature & Stamp :			
Remarks from Vice President Academic			
Withdrawal Status : APPROVED/ NOT APPROVED			
Withdrawar Status . ATTHOVED/ NOT ATTHOVED			
Date : Signature & Stamp :			
Remarks from Academic Office			
Withdrawal Status : COMPLETE/ NOT COMPLETE			

Signature & Stamp

Date