

# QUIT FORM

## APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Programme : \_\_\_\_\_

Reason for Quitting : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

INTERNATIONAL STUDENT CENTRE	FACULTY	LIBRARY
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Signature & Verification  Date:	Signature & Verification  Date:	Signature & Verification  Date:
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STUDENT AFFAIRS	STUDENT FINANCE UNIT	RECORDS & CONVOCATION UNIT
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Signature & Verification  Date:	Signature & Verification  Date:	Signature & Verification  Date:
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