

QUIT FORM

APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Programme : _____

Reason for Quitting : _____

Student's Signature : _____ Parent's Signature : _____

Date : _____ Date : _____

(1) INTERNATIONAL OFFICE <small>(For International Student)</small>	(2) FACULTY/CENTRE <small>(All Students)</small>	(2a) DEAN'S OFFICE
Signature & Verification Date: Remarks :	Signature & Verification <small>(Programme Coordinator/Academic Deputy Dean)</small> Date : Remarks :	Signature & Verification Date: Remarks :
		(3) LIBRARY
Signature & Verification Date : Remarks :	Signature & Verification Date : Remarks :	Signature & Verification Date : Remarks :
(4) STUDENT DEVELOPMENT & COMMUNITY ENGAGEMENT DIVISION	(5) STUDENT FINANCE UNIT	(6) RECORD, EXAMINATION & CONVOCATION DEPARTMENT
Signature & Verification Date : Remarks :	Signature & Verification Date : Remarks :	Signature & Verification Date : Remarks :

(Note: You are required to get approval according to the order of numbers)

