



# QUIT FORM

## APPLICANT PARTICULARS

Name

Student ID

Telephone No.

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

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

Student's Signature : \_\_\_\_\_ Parent's Signature : \_\_\_\_\_

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

(1) INTERNATIONAL OFFICE	(2) FACULTY/CENTRE	(3) LIBRARY
Signature & Verification  Date:	Signature & Verification  Date:	Signature & Verification  Date:
(4) STUDENT DEVELOPMENT & COMMUNITY ENGAGEMENT DIVISION	(5) STUDENT FINANCE UNIT	(6) RECORDS & CONVOCATION UNIT
Signature & Verification  Date:	Signature & Verification  Date:	Signature & Verification  Date:

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

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