



WITHDRAWAL FROM PROGRAMME OF STUDY

Important: Please complete the form before submitting to Deans of Faculty.

SECTION A - TO BE COMPLETED BY THE CANDIDATE

Candidate Name: _____

Matric No: _____

Programme: _____

Commencement of Candidature Semester: _____ Session: _____

End of Maximum Period: Semester: _____ Session: _____

I wish to withdraw from my programme of study with effect from _____ because of

I understand that:

1. This application means withdrawal from the programme of study that is currently being undertaken by the candidate.
2. A candidate, who has been approved to withdraw from his programme of study after the second lecture week shall:
 - (1) pay the prescribed fees and other payments as stated in Part IV in this regulation, and
 - (2) be recorded Grade W2 for any courses registered in the semester where the candidate withdraws from the programme.
3. any decision with respect to withdrawal from a Degree programme of study shall be **FINAL**.
4. any further appeal to reinstate your status as student will not be entertained.

Candidate's Signature: _____

Name of Candidate: _____

Date: _____

**SECTION B – RECOMMENDATION BY SUPERVISOR /
HEAD OF DEPARTMENT**

I support / do not support* for withdrawal from programme for above candidate.

Comments (if any):

Signature Date Name and Official Stamp

**SECTION C – VERIFICATION BY FACULTY
(TO BE COMPLETED BY DEPUTY DEAN OF POSTGRADUATE)**

I support / do not support* for withdrawal from programme for above candidate.

Comments (if any):

Signature Date Name and Official Stamp

**SECTION D – VERIFICATION BY FACULTY
(TO BE COMPLETED BY DEAN)**

I support / do not support* for withdrawal from programme for above candidate.

Comments (if any):

Signature Date Name and Official Stamp

* circle where applicable