

COURSE WITHDRAWAL

Withdrawal can be made from Week 3rd until Week 9th only. The tuition fee is not refunded. Please ensure that the credits after withdrawal are not less than the minimum number of credits required for the semester. Please return the complete form to IPS.

SECTION 1 (To be completed by Student)

1. Student's particular

Student Name	:				
Student ID	:		IC/Passport No.	:	
Programme	:				
Faculty	:				

2. Courses to Withdraw

Courses Name ,Code & Type	Reasons for Withdrawal	Lecturer's Comment, Signature & Stamps	Date

Total number of credits registered after withdrawal:

credits

Student's Signature :

Date:

SECTION II (To be completed by Head of Programme / Coordinator)

Approved	Disapproved
Comment from Head of Programme / Coordinate: Date: Head of Programme / Coordinate's Signature and Stamp:	

SECTION III (To be completed by Dean)

Approved	Disapproved
Comment from Dean: Date: Dean's Signature and Stamp:	

SECTION IV (To be completed by IPS)

Within rules & procedures	Further actions to be taken:			
	MPSU & Senate Matters		Administration Matters	
<input type="checkbox"/> Yes	<input type="checkbox"/> MPSU to be informed <input type="checkbox"/> Completed Date:	<input type="checkbox"/> Verification by Dean of IPS Date:		
	<input type="checkbox"/> MPSU approval <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Change status in the system Date:		
	<input type="checkbox"/> Senate to be informed <input type="checkbox"/> Completed Date:	<input type="checkbox"/> Letter to Faculty Date:		
			IPS Staff's Name:	
<input type="checkbox"/> No	<input type="checkbox"/> MPSU to be informed <input type="checkbox"/> Completed Date:	<input type="checkbox"/> Verification by Dean of IPS Date:		
	<input type="checkbox"/> MPSU approval <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Change status in the system Date:		
	<input type="checkbox"/> Senate to be informed <input type="checkbox"/> Completed Date:	<input type="checkbox"/> Letter to Faculty Date:		
			IPS Staff's Name:	
Reasons:				
Verification by Dean of IPS	<input type="checkbox"/> Bring to MPSU for information <input type="checkbox"/> Bring to MPSU for approval			(Signature & Stamp)
Hereby, I verify that this student matter has been solved. Date: IPS Staff's Signature and Stamp:				