UNIVERSITY OF THE COMMONWEALTH CARIBBEAN (UCC)

Fostering Leadership & Innovation

APPLICATION FOR WITHDRAWL FROM A PROGRAMME

SECTION 1 : STUDENT AND CONTACT INFORMATION

*FIRST NAME

*MIDDLE NAME(S)

*LAST NAME

*I.D. # _____ EMAIL _____

CAMPUS ATTENDED _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

SECTION 2 : PROGRAMME INFORMATION

LAST COURSES TAKEN _____

SECTION 3 : WITHDRAWL INFORMATION

REASON _____

SECTION 4 : SIGNATURE

*NAME _____ *SIGN HERE ▶▶ _____ DATE ___ / ___ / ___ (mm / dd / yyyy)

FOR OFFICIAL USE ONLY

APPROVED BY _____ DATE ___ / ___ / ___ (mm / dd / yyyy)

STUDENT SERVICES CO-ORDINATOR SIGNATURE

PROCESSED BY THE REGISTRY AND ACTION TAKEN _____

NAME SIGNATURE

NOTE

1. The form should be completed in duplicate and submitted so the HOD/Student Services Co-ordinator for approval.
2. Students requesting withdrawl from a programme may be required to pay the full cost of the course(s) for which they are currently enrolled if applying for withdrawal after the date to drop a course has passed.
3. Students wishing to rejoin a programme subsequently will be required to submit a new application form.