UNIVERSITY COLLEGE OF THE CARIBBEAN
A Member of the Commonwealth & OAS Consortia of Universities

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 ____ / ____ / ____

STUDENT SERVICES CO-ORDINATOR   SIGNATURE   mm / dd / yyyy

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.