

PROGRAMME WITHDRAWAL APPLICATION FORM

REGISTRY DEPARTMENT

SECTION 1: STUDEN	IT CO	NTA	CT IN	NFOF	RMA	TION	(Ple	ease sta	ate the	exact	name a	s enroll	ed as a	student	at UCC)							* M A N D /	ATORY FIEL
*FIRST NAME																								
*MIDDLE NAME(S) (if applicable)																								
*LAST NAME																								
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PROGRAMME OF STUDY (e.g. BSc in Marketing) YEAR(S) ATTEND (e.g. 2018-2022)										DED														
CAMPUS(ES) ATTENDED																								
LAST COURSE(S) TAKEN																								
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PROCESSED BY THE REGI	STRY					N					51												,,,,	
WITHDRAWAL PROCEDURE	NAME URE:										SIGNATURE													
1. The form should be comp	oleted																							
2. Students requesting with applying for withdrawal a 3. Students wishing to rejoi	after tl	he dat	te to d	drop a	a cou	rse ha	as pa	ssed.									r whi	ch th	ey are	e curr	ently	enro	iled if	