

FRANCHISE MD FORM - APPLICATION TO WITHDRAW FROM UiTM (FRANCHISE)



(This form only needs to be filled in by students who are studying and want to withdraw from studies only.
Students who have GRADUATED or DISMISSED do not need to fill out the form)

(Complete the forms in 3 copies, each for franchisee/partner university, iCEPS and students themselves)
Please complete this form and obtain confirmation from all divisions involved before forwarding to the
Office of Admission & Student Affairs.

STUDENT NAME			
UiTM STUDENT ID NO.		PROGRAM CODE	
IDENTIFICATION CARD NO.		SEMESTER	
EMAIL		PHONE NUMBER	
STUDENT ADDRESS			

Reason for Withdrawal (Mark x in the relevant box)			
	No Interest in the Field of Study		Switching to Other University
	Health Issue		Getting a Job
	Financial Issue		Other Reasons (Specify):
	Personal Issue		

STUDENTS/ FRANCHISEE USE			
STUDENT DECLARATION I declare all the information provided to be true. <div> <div>.....</div> <div>.....</div> </div> <div> <div>Student's signature</div> <div>Date</div> </div>		REVIEW OF UiTM FRANCHISE PROGRAM COORDINATOR Notes: <div> <div>.....</div> <div>.....</div> </div> <div> <div>Signature & Stamp</div> <div>Date</div> </div>	
HOSTEL USE (if any) Notes: <div> <div>.....</div> <div>.....</div> </div> <div> <div>Signature & Stamp</div> <div>Date</div> </div>		FINANCE DIVISION USE Notes: <div> <div>.....</div> <div>.....</div> </div> <div> <div>Signature & Stamp</div> <div>Date</div> </div>	
STUDENT AFFAIRS UNIT USE Notes: <div> <div>.....</div> <div>.....</div> </div> <div> <div>Signature & Stamp</div> <div>Date</div> </div>		ADMISSION & STUDENT AFFAIRS Notes: <div> <div>.....</div> <div>.....</div> </div> <div> <div>Signature & Stamp</div> <div>Date</div> </div>	

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USE OF FINANCE DIVISION ZONE 18, iCEPS

Notes:

.....
Signature & Stamp

.....
Date

USE OF THE DEPARTMENT OF TRANSNATIONAL EDUCATION (TNE), iCEPS

Notes:

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Signature & Stamp

.....
Date