

## **APPLICATION TO WITHDRAW**

	-	& WITHDRAWAL INFO			-	
NAME :				TEL. NO.:		
MATRIC	NO. :		EMAIL:			
PROGRA	MME:			I HEREBY AGREE THAT A FEE OF RM500.00 PER		
SESSION: SEM: CGPA:			— COURSE BE	COURSE BE IMPOSED ON ME FOR WITHDRAWAL		
			SIGNATURE:			
CENTRE:	: Gombak/Penanc	6/SARAWAK	DATE	:	_	
I WOUL	D LIKE TO WITHDRA	W AFTER PERIOD THE	FOLLOWING COUF	RSE:		
NO	COURSE CODE COURSE TITLE		SE TITLE	SECTION	CREDIT HOURS	
		MODELOA	D VELED WITHDOV	 NWAL (CREDIT HOUF	)C).	
		WORKLOA	AFIER WIITURA	AVVAL (CREDIT HOUR	(3)	
SECTION	I B (COMMENT – TO	BE FILLED IN BY THE	LECTURER)			
1.	ATTENDANCE Number of absence (times & %) up to date of withdrawal application			times/_	%	
2.	CONTINUOUS ASSESSMENT			(/100)%		
	Marks(per 100%) obtai	ned by student		<b>,</b>		
LECTURE	ER'S COMMENT:					
		S	IGNATURE STAMP:	·		
SECTION	I C (RECOMMENDA	TION – TO BE FILLED I	IN RY THE KILLLIYY	ΔΗ)		
	F DEPARTMENT'S CO		IN DI TITE ROLLITI	,		
		SIGNA	TURE & STAMP:			
		DATE				
		DATE	·			
DEAN'S/	DEPUTY DEAN'S (AC	CADEMIC AFFAIRS) AP	PROVAL			
	APPROVED _	NOT APPROVI	ED			
REMARK	( / COMMENT:					
		S	IGNATURE & STAM	1P:		
		Г	DATF			

<sup>\*\*</sup>This form can be send by hand to ICCE or fax to 03-61965778