

STUDENT ID NUMBER

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**FNU FIJI NATIONAL UNIVERSITY**

P.O. Box 7222 Nasinu Fiji. Telephone: (679)4000/(679)3381044 Facsimile: (679)3393230

Website: www.fnu.ac.fj**SAS 03****APPLICATION FOR WITHDRAWAL**

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Surname	:	_____	Email Address(es)	Work	:	_____
Other Name(s)	:	_____		Personal	:	_____
First Name	:	_____	Phone Contact(s)	Work	:	_____
Date of Birth	:	_____		Home	:	_____
		(DD/MM/YY)		Mobile	:	_____
Name of Sponsor (if sponsored):	:	_____	Postal Address	:	_____	

B PROGRAMME OF STUDY

Year:	_____	Block Number:	_____	Summerster Month:	_____																
Semester	_____	Trimester	_____	Quarter	_____	Penster	_____														
	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2		<table border="1"><tr><td>1</td><td>2</td><td>3</td></tr></table>	1	2	3		<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	1	2	3	4		<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2																				
1	2	3																			
1	2	3	4																		
1	2	3	4	5																	
College	:	_____																			
Campus/Centre	:	_____																			
Programme enrolled in	:	_____																			
Major 1:	_____	Major 2:	_____	Minor:	_____																

C WITHDRAWAL DETAILS

If full programme withdrawal, name of programme : _____

Unit/Course withdrawal details (please provide details below for unit/course withdrawals)

Unit/Course Code:	_____	Unit/Course Name:	_____
	_____		_____
	_____		_____

Reason(s) for withdrawal:

Duration of class attendance in the term: _____

Student Signature _____ Date (DD/YY/MM) _____**D SCHOOL / DEPARTMENT**

Lecturer Signature:	Date: _____ (DD/MM/YY)	Stamp: _____
HOD/HOS:	Date: _____ (DD/MM/YY)	Stamp: _____
for Higher Research Students Dean's Approval:	Date: _____ (DD/MM/YY)	Stamp: _____

E FOR OFFICIAL USE ONLY**STUDENT ACADEMIC SERVICES**

Registrar's/Rep comments (if applicable) : _____

Signature:	Date: _____ (DD/MM/YY)	Stamp: _____
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FINANCE DEPARTMENT

Note on withdrawal status (if applicable) : _____

Refund of fees details (if applicable) : _____

Amount Paid: \$ _____ Receipt Number: _____

Finance Officer:	Date: _____ (DD/MM/YY)	Stamp: _____
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