

STUDENT ID NUMBER

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WITHDRAWAL FORM

Please complete all sections of this form.

Tick boxes where appropriate.

A PERSONAL DETAILS

Surname : _____	Official Student Email: _____
Other Name(s) : _____	Work / Personal Email : _____
First Name : _____	Phone Contact(s) Mobile : _____
Date of Birth : _____ (DD/MM/YY)	Home : _____
<input type="checkbox"/> Private Student <input type="checkbox"/> Local Student	Postal Address: _____
<input type="checkbox"/> Sponsored Student <input type="checkbox"/> Regional/International Student	_____
Name of Sponsor (if sponsored) _____	

B PROGRAMME OF STUDY

Year: _____

Short Course Semester Trimester Quarter
 1 2 1 2 3 1 2 3 4

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/MM/YY)

[Typing your name is considered as signature in this form]

Submit this completed form to: admission@fnu.ac.fj