

STUDENT ID NUMBER

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FIJI NATIONAL UNIVERSITY

Website: www.fnu.ac.fj

SAS 03

WITHDRAWAL FORM

Please complete all sections of this form.

Tick boxes where appropriate.

A PERSONAL DETAILS

Surname : _____

Other Name(s) : _____

First Name : _____

Date of Birth : _____

(DD/MM/YY)

 Private Student Local Student Sponsored Student Regional/International Student

Name of Sponsor (if sponsored) _____

Official Student Email: _____

Work / Personal Email : _____

Phone Contact(s) Mobile : _____

Home : _____

Postal Address: _____

B PROGRAMME OF STUDY

Year: _____

Short Course

Semester

1 2

Trimester

1 2 3

Quarter

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: manualregistration@fnu.ac.fj

Authorised By The University Registrar