

WITHDRAWAL FROM UNIVERSITY OF KWAZULU-NATAL

STUDENT: PLEASE COMPLETE THIS SIDE AND HAND TO YOUR SCHOOL POSTGRADUATE OFFICER

STUDENT NUMBER:.....TITLE:.....SURNAME.....

FIRST NAMES:.....

POSTAL ADDRESS:.....

.....

TELEPHONE: DIAL CODE:.....NUMBER:.....CELL:.....

ACADEMIC YEAR OF REGISTRATION: 20__

2. I am a full-time/part time student studying towards the _____ degree/diploma in the School of _____ and registered for the following courses:

COURSE CODE	COURSE	COURSE CODE	COURSE

3. I am also registered for the following N.D.P courses:

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4. I am resident at the _____ University Residence.

I hereby wish to notify you of my withdrawal from the University with effect from _____ for the reason given below: (Please Tick)

Financial reasons	
Cannot cope with University	
Wrong choice of degree/diploma	
Lack of motivation for the degree/diploma	

Matriculation Certificate not in order	
Disciplinary Action	
Personal problems	
Other (please give details below)	