	ACADEMIC MANAGEMENT DIVISION	Form No. : <b>QIU/UG/02</b> Edition : <b>1</b> Effective Date : <b>23/7/2019</b> Page (s) : <b>3</b>
	<b>APPLICATION FOR WITHDRAWAL FROM STUDIES</b>	

**Section I (To be completed by Student)**

Full Name :

National ID/Passport :

Matric No./ UiTM St. ID : 



 e.g : PA091642

Programme : 



 : refer note at the end of this form

Faculty : \_\_\_\_\_

Department : \_\_\_\_\_

**Section II (To be Completed by Student)** Please tick (✓) in the appropriate box.

- |  |   |  |
|--|---|--|
| 1. Financial difficulties <input type="checkbox"/> | 5. Offer from another local university <input type="checkbox"/> | Others (Please Specify) <input type="checkbox"/> |
| 2. Personal matters <input type="checkbox"/>       | 6. Offer from foreign university <input type="checkbox"/>       | _____  |
| 3. Job commitment <input type="checkbox"/>         | 7. Programme not suitable <input type="checkbox"/>              | _____  |
| 4. Health problem <input type="checkbox"/>         |   | _____  |

I wish to withdrawal from studies starting from : \_\_\_\_\_ e.g. 24/2/2019.

Telephone No : \_\_\_\_\_ Email : \_\_\_\_\_


Student's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Section II (To be Completed by Head of Department/ Student Advisor)**

\_\_\_\_\_  
(Head of Dep. or Student Advisor's Signature)

Name : \_\_\_\_\_

Date : \_\_\_\_\_

	<b>ACADEMIC MANAGEMENT DIVISION</b>	Form No. : <b>QIU/UG/02</b> Edition : <b>1</b> Effective Date : <b>23/7/2019</b> Page (s) : <b>3</b>
	<b>APPLICATION FOR WITHDRAWAL FROM STUDIES</b>	


**Section III (Clearance From)**

SUBJECT	VERIFICATION (Name and Signature)	DATE	REMARKS / STAMP
<b>LIBRARY</b> <i>(Reading materials, books and related library items)</i>			
<b>Accounting Office</b> <i>(Tuition Fees &amp; Related Fees/Fines/Loans)</i>			
<b>Student Admission</b> <i>(Return Student's Matric Card)</i>			
<b>IT OFFICE</b> <i>(Remove from all QIU system, System ID and Password)</i>			
<b>PAP</b> <i>(returned student's results- if any)</i>			
<b>Dean</b>			

MHER Order NO.:

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(For Academic Division)	
Checked and updated by : _____  Signature & Date : _____	Stamp : _____

 <b>QIU</b> <small>Q I A I W A N I N T E R N A T I O N A L U N I V E R S I T Y</small>	<b>ACADEMIC MANAGEMENT DIVISION</b>	Form No. : <b>QIU/UG/02</b> Edition : <b>1</b> Effective Date : <b>23/7/2019</b> Page (s) : <b>3</b>
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Note: Please refer the following code for student's programme.

Code	Program Name
HS241	BACHELOR OF HEALTH SCIENCE (MEDICAL LABORTORY TECHNOLOGY)
HS242	BACHELOR OF HEALTH SCIENCE (MEDICAL IMAGING)
HA246	BACHELOR OF HEALTH SCIENCE (OPTOMETRY)
PH240	BACHELOR OF PHARMACY (PHARMACY)
DS240	BACHELOR OF DENTESTRY (DENTAL SURGERY)
SCSR	BACHELOR OF COMPUTER SCIENCE (COMPUTER NETWORK AND SECURITY)
SCSJ	BACHELOR OF COMPUTER SCIENCE (SOFTWARE ENGINEERING)
CDCS240	BACHELOR OF COMPUTER SCIENCE (INFORMATION TECHNOLOGY)
SHAR	BACHELOR OF SCIENCE (HUMAN RESOURCE DEVELOPMENT)
BA276	BACHELOR OF SCIENCE (INTERNATIONAL BUSINESS)