STUDENT WITHDRAWAL APPLICATION FORM

INSTRUCTION

1. *Student is required to complete this form (where applicable). Only completed form will be processed.*
2. *Student with outstanding fee is required to settle the outstanding amount before the withdrawal is approved.*
3. *Please read the Frequently Asked Question (FAQ) at the back of this form for more information.*
4. *Completed form must be submitted to* ***Admission and Student Records Department***

NAME : _____ MATRIC NO: _____

PROGRAM : _____ IC NO : _____

E – MAIL : _____ TELEPHONE NO : _____

ADDRESS : _____

EFFECTIVE WITHDRAWAL: Semester _____ (e.g: *February 2015*)

REASON FOR WITHDRAW:

_____

A. Consultation with Student Counselor

I have consulted the student on the possible consequences with regard to the withdrawal. Below is my comment

_____

_____

Signature & Stamp _____ Date

B. Academic Coordinator / Head of Faculty

Period of Withdrawal : _____

1	Before semester commencement	YES	NO
2	Within Add/Drop period	YES	NO
3	After Add/Drop Period	YES	NO
4	Course registered	YES	NO

I have consulted the student on the possible consequences with regard to the withdrawal. Below is my comment

_____

_____

_____

_____

Signature & Stamp Date

C. Student Finance Services

Please tick (✓) where applicable

☐ Scholarship ☐ Non-Scholarship

Please Specify : _____

Balance Refund / Outstanding : RM _____

Remark (if any)

_____

_____

Signature & Stamp Date

STUDENT WITHDRAWAL APPLICATION FORM

<table>
<tr><td>D. Registrar</td><td colspan="2">E. Student Residence Service</td></tr>
<tr><td></td><td>STUDENTS</td><td>AUTHORIZED STAFF</td></tr>
<tr><td>Please tick (✓) where applicable

☐ Approved ☐ Not Approved

I have consulted the student on the possible consequences withregard to the withdrawal. Below is my comment

_____
_____
_____

_____
Signature & Stamp Date</td><td>Please tick (✓) where applicable

1. ☐ Residence
*Premise No :
_____
☐ Non-residence
2. Outstanding
☐ No ☐ Yes
*Amount: _____
3. Penalty
☐ No ☐ Yes
*Amount: _____

_____
Signature & Stamp
Date</td><td>Please tick (✓) where applicable

1. ☐ Residence
*Premise No :
_____
☐ Non-residence
2. Outstanding
☐ No ☐ Yes
*Amount: _____

In the absence of Student Residence Service staff. Admission student Record department is allowed to update to data in ICAMS

Approved by:

_____
Signature & Stamp
Date</td></tr>
<tr><td>F. Resource Centre / Library</td><td colspan="2">E. Admission & Student Record</td></tr>
<tr><td>Items Borrowed from Resource Centre /Library:

Please tick (✓) where applicable

Returned ☐ Yes ☐ No
Good Condition ☐ Yes ☐ No
Penalty ☐ Yes ☐ No

Total Cost Estimated: RM _____ Remark (if any)
_____

_____
Signature & Stamp Date</td><td colspan="2">Matric Card No : _____

Please tick (✓) where applicable

Returned ☐ Yes ☐ No
Good Condition ☐ Yes ☐ No
Penalty ☐ Yes ☐ No

Total Cost Estimated: RM _____

Remark (if any) _____

_____
Signature & Stamp Date</td></tr>
</table>

I hereby understand that:

1. Access to College's resources and facilities shall cease immediately after the withdrawal has taken effect.
2. It is my responsibility to immediately return all SIDMA belongings such as Library items, Matric Card and settle all outstanding fees, where applicable.
3. I will be required to repay all financial aid (PTPTN or other Scholarship providers) that has been disbursed to the College.
4. **I have to pay the outstanding amount to SIDMA College.**

_____ Date
Student's Signature

FOR OFFICE USE ONLY (ASR)

Remark (if any) : ☐ Icams ☐ e-IPTS ☐ Masterlist Date :