

\*For Office Use Application Officer Name :

## DROP/ WITHDRAWAL OF COURSE (S) APPLICATION FORM

NSTRUCTIONS																
1 Please fill up the form completely using CAPITAL LETTER.																
SECTION I (To be completed by student)  1. STUDENT'S PARTICULAR																
Please tick ( √ ) where applicable :																
NAME	<del></del>		<u> </u> '	<u> </u>	<u> </u>	<u> </u>	ــــــ	<u> </u>	<u> </u>		<u> </u>			<u> </u>	<u> </u>	
(Capital Letter)			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>					<u> </u>	]
MATRIC NO											]					
PROGRAMME .		LATEST CGPA														
EMAIL .		CONTACT NO.									_					
2. COURSE(S) TO	BE D	ROPF	PED (\	NITHII		AND [		PERI	OD AI	FTER	COM	MENC	EMEN	IT OF	THE	
COURSE CODE		COURSE TITLE									SF	ECTIO	N			
		3.	. COU	RSE(S	S) TO B	E DRO	OPPE	D (WI	THDR	AWN)						
COURSE CODE		COURSE TITLE								SI	ECTIO	N				
		_ 												ſ <u>_</u>		
* COURSE(S) THAT HA TRANSCRIPT. (Refer to * I AM FULLY AWARE OF	Claus	ise 1.7	7.3)													
Ctudentle Cianet													_/	/		
Student's Signature													Date			

2. SCHOLARSHIP MANA	GEMENT & FINAN	NCIAL ASSISTANCE U	JNIT					
Please state name of the	organization that a	wards the scholarship						
			Recommended by					
Remarks								
			Signature					
			Date ://					
SECTION II (To be cor	mpleted by Sch	ool)						
Please tick ( $$ ):								
Within ADD/DROP period		□ YES	□NO					
Dean/ Director's Approval :		□ APPROVED	□ NOT APPROVED					
Justifications:								
Signature & Stamp	/Nama :		Date//					
	(Name :	)						
SECTION III (To be con	npleted by Depu	ty Vice Chancellor A	academic and Student Affairs - After Add/ Drop Period)					
Reco	mmended by :		Approved by:					
Dean/	Director		Deputy Vice Chancellor					
Signature & Stamp			Signature & Stamp					
Date	///		Date//					
SECTION IV /To be co	ampleted by Stu	dent Accounts and	Procurement Department)					
SECTION IV (10 be co	impleted by Stu	dent Accounts and	rrocurement bepartment)					
1) After Add/ I	Drop Period	W1	Total Amoount Chargeable : RM					
		W2						
2) Course Reg	aistered	Yes	Official Receipt (OR) No:  Invoice No :					
2) Course Ne	gistereu	No						
Signature & Stam								
SECTION V (To be co	(Name: mpleted by Aca		on Department)					
Please tick (√):			,					
Tiedoc tiek ( v ) .								
Status: Within Add	/Drop Period	Yes - Drop						
		No - Witho	drawal (W)					
Please indicate week o	f studies :							

Semester : □ February □ May/June	☐ September	☐ Others ( <i>e.g:</i> ☑ June 2016)							
□ Received from Student	YES / NO								
☐ Updated in SMS / PGS	YES / NO								
☐ Informed / Called / Emailed to School / Centre	YES / NO								
Signature & Stamp	Date//								
*Copy of the form has to be dubmitted to SMU if the student is under scholarship.									
IMPORTANT GUIDELINES:									
• Student <b>MUST</b> get School's approval for Type [A] and/or [B], of applications.									
<ul> <li>Once the process is completed, the form must be sub</li> </ul>	mitted to Academic A	dministration Department.							
• Course(s) that have been approved for withdrawal will be recorded as grade 'W' in the transcript. (Refer To Clause									