Universiti Tunku Abdul Rahman			
Form Title: **WITHDRAWAL FROM THE UNIVERSITY**			
Form Number: FM-DACE-021	**Rev No: 5**	**Effective Date: 20/02/2024**	**Page No: 1 of 2**

Guides to Application:

1. The form is available at Division of Admissions and Credit Evaluation / Faculty General Office / UTAR Portal.
2. Please return your Student ID card with this application form. (Exempted for new students joining before Registration Day of programme.)
3. Generally, a letter confirming your withdrawal from the University will be sent to you within 3 weeks after submission of the form.

I shall be withdrawing from the programme of study in the University with effect from the date this letter is received by the University. I append below my particulars for your reference:

Student Name: _____

Student ID No.: _____ Contact No.: _____

Programme of Study: _____

Current Year and Trimester of Study: _____ Intake Joined: _____

Reason(s) for withdrawal: (please tick (√) all that are applicable)

☐ Enrol in a public university in Malaysia	☐ Financial constraints
☐ Enrol in a private university in Malaysia	☐ Time constraints
☐ Enrol in an overseas university	☐ Family matters
☐ Offered scholarships by other university	☐ Health issues
☐ Unsatisfactory academic performance	☐ Relocation
☐ Unsatisfactory learning experience	☐ Others. Please specify:
☐ Work commitments	_____ _____
☐ Career advancement	_____

Acknowledgement

I hereby acknowledge and agree to fulfil the remaining financial obligations as per the agreed-upon instalment schedule. Failure to make the outstanding payments within the stipulated timeframe may lead UTAR to take appropriate action, including legal action, to recover the outstanding amount.

Student Signature: _____ Date: _____

For Office Use

1. **Faculty General Office of Centre / Faculty / Institute**

   Student Card returned? ☐ Yes   ☐ No

   Received by (Name): _____   Signature: _____

   Date: _____   Student Status: _____

2. **Dean / Director of Centre / Faculty / Institute**

   ☐ Approved   ☐ Not Approved

   Remarks (if any):

   _____

   _____

   Name and Signature: _____   Date: _____

3. **Library**
   Declaration of Outstanding Book(s) or Fees

   Remarks:

   _____

   _____

   Name and Signature: _____   Date: _____

4. **Division of Admissions and Credit Evaluation**

   Received by   Action Taken by

   Signature: _____   Signature: _____

   Name: _____   Name: _____

   Date: _____   Date: _____