

School of :

Campus:

**NOTIFICATION OF WITHDRAWAL FROM THE UNIVERSITY**

Surname:		First Name(s):	
Student No:		Qualification :	
Postal Address:			
Cell No:		Postal Code:	
E-mail Address:		Telephone No:	
<b>Reason for withdrawal:</b>			
.....			
.....			
Do you have a bursary/loan?	YES	NO	Signature: Student Funding Official
If YES - state name of bursary/loan			

**The following must be submitted on withdrawal**

Tick appropriate box	Herewith	None issued to me	Official Signature
Student ID Card			
All outstanding library books			
Residence (keys etc)			
Parking/Access discs for vehicles			

**If you have mislaid your Student ID Card and/or Parking-Access Disc, you are required to fill the following statement:**

I, .....(Full Name), hereby declare that I am unable to return the ..... issued to me by the University and accept full and sole responsibility for the consequences should the University suffer any loss as a result thereof.

**Student's Signature:**

**Banking details (for ACB transactions) Fees are calculated as at the date your withdrawal is accepted at your school**

Name Of Account Holder					
Bank Name					
Branch Code					
Account Number					
Type Of Account	Savings		Transmission		Current

Please Note: 1) Incorrect Information would result in Levies being charged for RETURNED ACB payments.  
2) **Outstanding Balance** must be settled **immediately** after withdrawal.

**Student's Signature:** ..... **Date:** .....