KABARAK UNIVERSITY

UNIVERSITY WITHDRAWAL FORM

This form should be completed and submitted together with the University Clearance Form to the Office of the Registrar (Academic and Research).

Student Registration Number: _____

Student Name: _____
LAST FIRST MIDDLE

Telephone: _____ Email: _____

Withdrawal Information:

Effective Date: _____ Last Date Attended Class:_____

Reason/s for Withdrawal:

- ❑ Financial Reasons: Please specify:_____
- ❑ Transferring to another university: Please specify:_____
- ❑ Personal: Please specify: _____
- ❑ Other: Please specify: _____

Would you be interested in returning to Kabarak University at a later date?
❑ Yes ❑ No

Student Signature: _____ Date: _____

Registrar (Academic and Research) Signature: _____ Date: _____

For Official Use:

Copy:
- ❑ Dean of School
- ❑ HOD
- ❑ Dean of Students
- ❑ Accounts Office
- ❑ Student File