



The University of Fiji

REQUEST TO WITHDRAW/ADD COURSE

Student ID number:

PERSONAL DETAILS

Last Name: First Name: Middle Name: Date of Birth:

Address:

Telephone: Fax: Email:

Programme: Major 1: Major 2: Minor:

Are you sponsored? Yes NoIf yes, the name of sponsor:

(Attach a written and signed approval from your sponsor for the request to withdraw/add courses)

REQUEST DETAILS

I wish to withdraw from the following course(s):

Reasons for withdrawal:

I wish to add the following course(s):

Reasons for adding:

I accept that I am liable for any outstanding fee associated with my withdrawal from the course(s) listed above and take full responsibility for the payment in full for all outstanding fees.

Student's Signature: Date:

FOR OFFICIAL USE

Approval Granted: Yes No

Course(s) Withdrawn	Course(s) Added
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is approval from the sponsor attached? Yes NoComments: Head of Department: Signature: Date: Dean of School: Signature: Date: Is refund of fees approved: Yes NoRegistrar: Signature: Date: Computer Update Initial: Date: Verified: Date: