

(An Entity of Arya Pratinidhi Sabha of Fiji)

Form: OREG001

Registered with the Fiji Higher Education Commission as a University under the Higher Education Act 2008. Registration Certificate Number (RGN0020/11) REQUEST TO WITHDRAW/ADD COURSE

		Student ID number:	
PERSONAL DETAILS			
Last Name: F	irst Name:	Middle Name:	Date of Birth:
Postal Address:		Telephone:	
		Fax:	
		Email:	
Programme:	Major 1:	Major 2:	Minor:
Are you sponsored? Yes	☐ No		
If yes, the name of sponsor:			
(Attach a written and signed approve	al from your sponsor for the requ	est to withdraw/add course	s)
REQUEST DETAILS			
I wish to withdraw from the fo	llowing course(s):		
Reasons for withdrawal:			
I the second of the second			
I wish to add the following cou	rse(s):		
Reasons for adding:			
I accept that I am liable for any out		ny withdrawal from the co	urse(s) listed above and take full
responsibility for the payment in fo	all for all outstanding fees.		
Student's Signature		Dat	te:
FOR OFFICIAL USE			
Approval Granted: Yes	No		
Γ	Course(s) Withdrawn	Course(s) Adde	d
Is approval from the sponsor attached?	Yes No		
Comments			
Head of Department: Signature: _		Da	te:
Dean of School: Signature:		Da	te:
Is refund of fees approved: Ye	s 🔲 No		
		Da	te:
Finance Officer: Signature			te:
Verified:		Da	te: