

Important : Please read the Withdrawal Procedures before filling in the form.
YOU ARE WITHDRAWING FROM (please tick in the appropriate box)

NU/SOP/OAR/004/F04 (Rev. 0)

College only College and Hostel Hostel Only

NILAI UNIVERSITY WITHDRAWAL FORM

A. TO BE COMPLETED BY STUDENT			Date ____/____/____
Name _____	ID No _____	NRIC/Passport No _____	
Programme _____	Last Semester _____	Last Intake Registered _____	
Reason for Withdrawing	<input type="checkbox"/> Cannot Cope With Study	<input type="checkbox"/> Financial Problem	<input type="checkbox"/> IELTS
	<input type="checkbox"/> Family Related Reasons	<input type="checkbox"/> Medical Reason	
	<input type="checkbox"/> Transferring to University (pls specify) _____		
	<input type="checkbox"/> Joined another College / Institution (pls specify) _____		
	<input type="checkbox"/> Other reason (s) _____		
Please refund my deposit to _____ (Name of parents/guardian)			
Correspondence Address _____			
Student Contact (Tel) : _____		Student signature _____	
E-mail : _____			
Acknowledged by Head of Department		Placement Officer (if applicable)	
B. LIBRARY			Date ____/____/____
Outstanding loans/unpaid fines	<input type="checkbox"/> No	<input type="checkbox"/> Yes	RM _____
Student deleted from Library	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Authorised Signature	Library Stamp		
C. INTERNATIONAL OFFICE (FOR INTERNATIONAL STUDENTS ONLY)			Date ____/____/____
Remarks _____			
PN _____	SP _____	MEV _____	Photocopy ticket and passport <input type="checkbox"/> Yes
Intended date of departure ____/____/____		Time _____ am / pm	
Authorised Signature	IO Stamp		
D. ACCOMODATION OFFICE			Date ____/____/____
Room No _____	Type <input type="checkbox"/> Single <input type="checkbox"/> Twin-sharing	Damages <input type="checkbox"/> No <input type="checkbox"/> Yes	
Remarks _____			
Authorised Signature	AO Stamp		
E. OFFICE OF ADMISSIONS AND RECORDS			Date ____/____/____
Student ID deleted	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Exit interview conducted _____			
Authorised Signature	OAR Stamp		
F. FINANCE			Date ____/____/____
Caution Fee	RM _____		
Accommodation Deposit	RM _____	Checked by _____	
Under / Overpayment	RM _____	Approved by _____	
Other _____	RM _____		
TOTAL REFUND	RM <input style="width: 100px; height: 20px;" type="text"/>	Cheque no _____	Date ____/____/____

WHITE – FINANCE

PINK – OAR

YELLOW – IO

BLUE - AO

Exit interview conducted by : _____
 Date : _____