A. TO BE COMPLETI	ED BY STUDE	NT				Date	/	_/
Name		II	D No		NRIC/Passpor	rt No		
Programme		L	ast Semester		Last Intake R	egistered_		
Please refund my deposit to					((Name of	parents/g	uardian)
Correspondence Address								
Student Contact (Tel) :				tudent signature _				
E-mail :								
Acknowledged by Head of I	Department		P	lacement Officer	(if applicable))		
B. LIBRARY						Date		
Outstanding loans/unpaid fir	nes	No	Yes	RM				
Student deleted from Library	y	No	Yes					
Authorised Signature				Library Stam	р			
C. INTERNATIONAL C	OFFICE (FOR I	NTERNATIONAL	STUDENTS ONLY	(1)		Date	/	/
Remarks								
PN	SP	MEV		Photoco	opy ticket and	passport		Yes
Intended date of departure _	/	/ Time	8	am / pm				
Authorised Signature				IO Stamp				
D. ACCOMODATION	OFFICE					Date	_/	/
Room No		Type Single	<u> </u>		Damages	No	Y	es
Remarks								
Authorised Signature				AO Stamp				
E. OFFICE OF ADMISS	SIONS AND RE	ECORDS				Date	/	/
Student ID deleted	No	Yes						
Exit interview conducted								
Authorised Signature				OAR Stamp				
F. FINANCE						Date	/	
Caution Fee								
Accommodation Deposit					hecked by			
Under / Oversament				Ai	pproved by			
Under / Overpayment				·				
Under / Overpayment Other				•	,			