STUDENT ID NUMBER

FIJI NATIONAL UNIVERSITY
Website: www.fnu.ac.fj

SAS 03

WITHDRAWAL FORM

Please complete all sections of this form. Tick boxes where appropriate.

A PERSONAL DETAILS

Surname : _____

Other Name(s) : _____

First Name : _____

Date of Birth : _____ (DD/MM/YY)

☐ Private Student ☐ Local Student

☐ Sponsored Student ☐ Regional/International Student

Name of Sponsor *(if sponsored)* _____

Official Student Email: _____

Work / Personal Email : _____

Phone Contact(s) Mobile : _____

Home : _____

Postal Address: _____

B PROGRAMME OF STUDY

Year: _____ Specify if Any Other Term: _____

Summer	Short Course	Semester	Trimester	Quarter	HDR
☐	☐	1 ☐ 2 ☐	1 ☐ 2 ☐ 3 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐	1 ☐ 2 ☐

College : _____

Campus/Centre : _____

Programme enrolled in : _____

Major 1:_____ Major 2:_____

Minor:_____

C WITHDRAWAL DETAILS

If full programme withdrawal, name of programme: _____

Unit / Course withdrawal details *(Please provide details below for unit / course withdrawals)*

Unit/Course Code:	Unit/Course Name:

Reason(s) for Withdrawal

_____

_____

Duration of class attendance in the term: _____

_____ Student Signature

_____ Date (DD/MM/YY)

[Typing your name is considered as signature in this form]

Submit this completed form to: manualregistration@fnu.ac.fj

Authorised By The University Registrar