



NOTIFICATION OF WITHDRAWAL OF STUDY

NB: Please refer to the rules governing loans and financial assistance contained within the AFTRS Student Handbook before completing this form.

Attach a separate page if more space is required.

Name: _____

Student No: _____

Course Name: _____

Proposed date of withdrawal: _____

Reason for withdrawal: _____

Student signature _____ Date _____

Student Services:

The application for withdrawal is noted by Student Services _____ YES / NO

Head of Discipline (signature) _____ Date _____