

CENTRE FOR POSTGRADUATE STUDIES

APPLICATION FORM FOR WITHDRAWAL FROM UNIVERSITY

Instructions:

To the Student

1. Please complete Section A.
2. You are required to get recommendation from thesis supervisor.
3. You must meet the Head of Department (Section C), if any; and Deputy Dean (Postgraduate) (Section D) for counselling/ interview before filling in this form.
4. You must also complete the clearance with the University (Section E); and
5. Complete the exit survey questionnaires (Section F).
6. Upon completion (Section A until Section F), this form should be submitted to the Centre for Postgraduate Studies.
7. Once approved, the withdrawal status will be updated within 3 days.

To the Head of the Department of the Centre of Studies

Please complete section B and submit the completed form to the Deputy Dean (Postgraduate) of the Centre of Studies.

To the Deputy Dean (Postgraduate) of the Centre of Studies

Please complete Section C and return the form to the student to complete Section D and E.

SECTION A : STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT)

Name:	Matric No.:
Telephone No. & Email Address :	
Programme :	
Department & Centre of Studies :	
Permanent Address & Contact No. :	
Correspondence Address & Contact No. :	
Reason(s) for Withdrawal : Please tick (/) where appropriate	
1) Personal <input type="checkbox"/>	5) Academic <input type="checkbox"/>
2) English Language <input type="checkbox"/>	6) Supervisor <input type="checkbox"/>
3) Financial <input type="checkbox"/>	7) Better Offer <input type="checkbox"/>
4) Facilities <input type="checkbox"/>	8) Others <input type="checkbox"/>
Please Specify :	
.....	
I declare that all the information stated in this application form is true and correct. I understand that if at any time the information stated in this declaration is found contrary to the facts, any application for fresh admission after the withdrawal will not be considered.	
_____ Student's Signature	_____ Date

Matric Number: _____

SECTION B : COUNSELING/INTERVIEW- TO BE COMPLETED BY THESIS MAIN-SUPERVISOR (IF APPLICABLE)

Date & Day:	Time & Venue :
Reason for withdrawal:	
Is the student paid from any Research Grants? <input type="checkbox"/> No <input type="checkbox"/> Yes * ; please grant details: _____	
<i>* kindly check GRA agreements before recommending this withdrawal.</i>	
Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	
Comments :	
Signature & Stamp :	Date :

SECTION C : COUNSELING/ INTERVIEW - TO BE COMPLETED BY THE HEAD OF DEPARTMENT (IF APPLICABLE)

Date & Day:	Time & Venue :
Reason for withdrawal :	
Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	
Comments :	
Signature & Stamp :	Date :

SECTION D : COUNSELING/ INTERVIEW - TO BE COMPLETED BY THE DEPUTY DEAN (POSTGRADUATE), CENTRE OF STUDIES

Date & Day:	Time & Venue :
Reason for withdrawal :	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Comments :	
Signature & Stamp :	Date :

Matric Number: _____

SECTION E : APPROVAL FROM RESPECTIVE DIVISIONS

Please secure approvals from the following divisions and submit this form to the Centre for Postgraduate Studies. The withdrawal letter will be sent to your correspondence address.

FINANCE DIVISION The student has settled all debts with the University.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

LIBRARY The student has surrendered/ discontinued the use of IIUM Membership card. The student has returned all books borrowed from the University.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

RESIDENTIAL COLLEGE The student has surrendered the hostel key. The student has returned all equipment / properties borrowed from the University.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

DISCIPLINARY The student has settled all fines imposed due to the disciplinary offence. The student has appeared before the Disciplinary Board, and his/ her disciplinary case has been settled.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

SECURITY The student has settled the Road Traffic Compound for the traffic offences committed. The student has settled all fines imposed on him/ her for other offences.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

IIUM VISA UNIT (for International Only) The student has produced the passport for cancellation process of student's pass.	REMARKS Approved/ Disapproved
Comments:	
Signature & Official Stamp:	Date:

Matric Number: _____

SECTION F : STUDENT TO COMPLETE THE EXIT SURVEY QUESTIONNAIRES

Please tick (/) in the box for the number that reflects your level of satisfaction with all questions, based on the scale as follows:

1=very dissatisfied, 2=dissatisfied, 3=somewhat satisfied, 4=satisfied and 5=very satisfied

FACILITIES		LEVEL OF SATISFACTION				
No.	I am satisfied with this University because.....	1	2	3	4	5
1.	Premises (classroom, laboratories, examination venues, toilets) are in good condition					
2.	Adequate sports/ recreational facilities					
3.	Cafeteria serves quality food					
4.	The library has enough books and references					
5.	Signages are clear					

CUSTOMER SERVICE		LEVEL OF SATISFACTION				
No.	I am satisfied with this University because.....	1	2	3	4	5
1.	The website is informative and user-friendly					
2.	The policies and regulations are well publicized on the website for reference					
3.	The staff are helpful and courteous in attending students					
4.	The staff are knowledge in resolving students' problems					
5.	The staff are available in a timely manner and diligent in performing their duties					

PROGRAMMES		LEVEL OF SATISFACTION				
No.	I am satisfied with this University because.....	1	2	3	4	5
1.	The programmes offered are unique compared to programmes offered by other universities					
2.	The programmes offered tailored to the needs of the market					
3.	The programmes are taught by qualified lecturers					
4.	Students activities are organized systematically					
5.	Graduates of the University are marketable					

Other Comments: _____

PART G : OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES)

Action/ Remarks:	Date: