

Withdrawn Modules (Non-refundable)

This form must be submitted to the Office of Postgraduate Studies

Academic Year:	20..... /20.....		
Semester:	<input type="checkbox"/> S1	<input type="checkbox"/> S2	<input type="checkbox"/> S3
Faculty:	<input type="checkbox"/> Engineering		<input type="checkbox"/> ICS
Student Name:			
Student ID:		Mobile No.:	
Email:			
Specialism:	<input type="checkbox"/> REN	<input type="checkbox"/> MAT	<input type="checkbox"/> STDC
	<input type="checkbox"/> Web Sciences	<input type="checkbox"/> M.Sc.	<input type="checkbox"/> M.Eng.

Module code	Module name

Student's Signature: _____ Date _____

Received by: _____ Date _____

Faculty Approval: _____ Date _____