

APPLICATION FOR CANCELLATION OF REGISTRATION

A. PARTICULARS OF STUDENT (To be filled by the student)

Student number	Surname	Name (s)	Cell number

B. REASON (S) FOR CANCELLATION (INDICATE WITH AN (X))

<input type="checkbox"/>	Financial problems
<input type="checkbox"/>	Personal problems
<input type="checkbox"/>	Due to illness

C. STUDENT COUNSELINNG UNIT

Comments:.....

.....
Signature

.....
Date and stamp

D. DEPARTMENTAL APPROVAL

Comments:.....

.....
HOD Signature

.....
Date and stamp

E. LIBRARY DETAILS

ANY BOOK(S) OUTSTANDING	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Penalty for lost book(s)

Amount: R..... (in words).....will be deducted to the student's account.

.....
Signature

.....
Date and stamp



F. HOSTEL CLEARANCE:

An amount of R.....(in words)..... to be debited to the student's account for lost/unreturned material/equipment.

.....
Signature

.....
Date and stamp

G. IT CLEARANCE

Comments:

.....

.....
Signature

.....
Date and stamp

H. FINANCIAL AID CLEARANCE

Comments:

.....

.....
Signature

.....
Date and stamp

I. DECLARATION BY THE STUDENT

I(student's surname & names) hereby declare that the information appearing above is to the best of my knowledge true and correct.

.....
Student's Signature

.....
Date

J. ENROLMENT CANCELLATION: Faculty officer

.....
Signature

.....
Date and stamp

K. STUDENT FINANCE

.....
Signature

.....
Date and stamp

