



Clarence Fitzroy Bryant College STUDENT WITHDRAWAL FORM

Student's Name _____

Student ID _____ DOB _____
(dd/mm/yyyy)

- Division
- Adult & Continuing Education
 - Arts, Sciences & General Studies
 - Health Sciences
 - Teacher Education
 - Technical & Vocational Education & Management Studies

Programme _____

Term _____
Year | Semester (Eg. Year 1 | Semester 2) Last Class Attendance Date _____

I wish to withdraw from the Clarence Fitzroy Bryant College for the following reason(s).

- Medical Financial Academic Other _____
Please comment

I accept full responsibility for my actions.

Student's Signature _____ Date: _____
(dd/mm/yyyy)

FOR OFFICAL USE ONLY

SECTION A: To be completed by Dean/ Counsellor/ Academic Advisor

Position Dean Counsellor Academic Advisor

Name _____ Signature _____ Date (dd/mm/yyyy) _____

Comments: _____

SECTION B: To be completed by the Office of the Registrar

Received by _____
Signature of Officer

Processed by _____
Signature of Officer

Date Received _____
(dd/mm/yyyy)

Date Processed _____
(dd/mm/yyyy)

IMPORTANT

- This form is not valid without your signature and that of your Dean/ Counsellor/ Academic Advisor.
- The completed form **MUST** be returned to the Office of the Registrar.
- The date this form is received by the Office of the Registrar will be the withdrawal date on your records.