



**OFFICE OF THE REGISTRAR
(Exams & Senate Matters Unit)
BABCOCK UNIVERSITY**

STUDENT WITHDRAWAL FORM

A. STUDENT DATA:

NAME: _____ MATRIC NO.: _____
COURSE OF STUDY: _____
DEPARTMENT: _____
SCHOOL: _____
SEMESTER: _____ ACADEMIC YEAR: _____
HALL OF RESIDENCE: _____

B. STUDENT STATUS:

LEVEL OF STUDY AT THE POINT OF WITHDRAWAL: _____
NUMBER OF SEMESTERS ALREADY SPENT IN THE UNIVERSITY: _____
CGPA AT THE POINT OF WITHDRAWAL: _____
CITIZENSHIP AT THE POINT OF WITHDRAWAL: _____
TO RESUME (SEMESTER & YEAR): _____
STUDENT'S SIGNATURE: _____ DATE: _____

C. CONDITION FOR WITHDRAWAL:

REASON FOR WITHDRAWAL: _____
(1) Voluntary (2) Advised to withdraw by the University Authority

IS THE UNIVERSITY AUTHORITY UNABLE TO REMOVE THE REASON FOR LEAVING (IF VOLUNTARY)? 'YES' OR 'NO'

SPONSOR'S COMMENTS/CONSENT (IF VOLUNTARY): _____
(Use separate additional sheets if required)

SPONSOR'S SIGNATURE: _____ DATE: _____

