CANCELLATION OF ENROLMENT

Please note:

FINANCIAL AID & SCHOLARSHIPS

Faculty officer name

Your cancellation of enrolment will not be recorded by the Faculty Office and you will continue to be liable for fees until this form has been completed in full and handed in with your student card. The form must be returned to your Faculty Office when it is fully completed.



Please print in CAPITAL letters, using a ballpoint pen.

| | | Person number | r | | | | | | | | |
|---|---------------------------------|--|-------|---------------|------|-----|----------|---------|-------|--------|--------------|
| Surname | | | | | | | | | | | |
| First name/s | | | | | | | | | | | |
| Name of | | Programme | | | | | | | Level | evel c | of |
| programme | | code | | | | | | | st | udy | |
| Date of car | ncellation of enrol | ment Year | | | Mon | th | | | | Day | , |
| | | | | | | | | | | Da. | y |
| Please indicate tr | ne reason for cancellation by | marking X in the appr | opria | ite k |)OX: | | | | | | Code |
| | e / unit of study too difficul | t | | | | | | | | | DFCT |
| Dissatisfac | tion with programme / unit | | | | | | | | | | DISS |
| | oice of programme / unit of | | | | | | | | | | CHCE |
| Cancelled | by University for academic r | easons | | | | | | | | | ACAD |
| Cancelled | by University for disciplinary | or other reasons | | | | | | | | | DSPL |
| | overseas scholarship | | | | | | | | | | OVSC |
| | bsence for one year to take | | | | | | | | | | SCOL |
| Leave of absence for one year for reason other than scholarship (eg American Field Service) | | | | | | | | | LOFA | | |
| | intermission for one year (h | igher degrees only) | | | | | | | | | ABEY |
| | f business (part-time students) | | | | | | | | | | BSNS |
| Family pre | | | | | | | | | | | FAMP |
| Emigrating | | | | | | | | | | | EMIG |
| | lifficulties | | | | | | | | | | FNCE |
| | | | | | | | | | | | |
| III health | | | | | | | | | | | HLTH |
| Ill health Deceased | | | | | | | | | | | HLTH DCSD |
| III health | | | | | | | _ | | | | |
| Ill health Deceased Other | F AND RETURN THI | S SLIP TO FINAN | | AL | AID | | _ S | CH(| OL# | ARS | DCSD |
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| Ill health Deceased Other SE TEAR OF Faculty Surname First name/s Name of programme Date of can for Faculty F OF RECEIF Int name | cellation of enrolr | Person numbe Programme code ment Year ON FORM Person no. | | | | | | CHO | Ye | ear of | HIPS C |

Signatures from Schools/ Departments (required for each unit for which you are registered)

| Unit code | Description | Term | Start date | Signature & Stamp |
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| Date: | | | | |
|--|--|--|--|--|
| Faculty Office signature | | | | |
| Faculty Office signature | | | | |
| Library signature, date and stamp | | | | |
| Catering Officer, signature, date and stamp | | | | |
| Accommodation Officer, signature, date and stamp | | | | |
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