



# FRANCHISE MD FORM - APPLICATION TO WITHDRAW FROM UiTM (FRANCHISE)



(This form only needs to be filled in by students who are studying and want to withdraw from studies only.  
Students who have GRADUATED or DISMISSED do not need to fill out the form)

(Complete the forms in 3 copies, each for franchisee/partner university, iCEPS and students themselves)  
Please complete this form and obtain confirmation from all divisions involved before forwarding to the  
Office of Admission & Student Affairs.

<b>STUDENT NAME</b>			
<b>UiTM STUDENT ID NO.</b>		<b>PROGRAM CODE</b>	
<b>IDENTIFICATION CARD NO.</b>		<b>SEMESTER</b>	
<b>EMAIL</b>		<b>PHONE NUMBER</b>	
<b>STUDENT ADDRESS</b>			

Reason for Withdrawal (Mark x in the relevant box)			
<input type="checkbox"/>	No Interest in the Field of Study	<input type="checkbox"/>	Switching to Other University
<input type="checkbox"/>	Health Issue	<input type="checkbox"/>	Getting a Job
<input type="checkbox"/>	Financial Issue	<input type="checkbox"/>	Other Reasons (Specify):
<input type="checkbox"/>	Personal Issue		

STUDENTS/ FRANCHISEE USE			
<b>STUDENT DECLARATION</b> I declare all the information provided to be true.		<b>REVIEW OF UiTM FRANCHISE PROGRAM COORDINATOR</b> Notes:	
..... Student's signature	..... Date	..... Signature & Stamp	..... Date
<b>HOSTEL USE (if any)</b> Notes:		<b>FINANCE DIVISION USE</b> Notes:	
..... Signature & Stamp	..... Date	..... Signature & Stamp	..... Date
<b>STUDENT AFFARIS UNIT USE</b> Notes:		<b>ADMISSION &amp; STUDENT AFFAIRS</b> Notes:	
..... Signature & Stamp	..... Date	..... Signature & Stamp	..... Date



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**USE OF FINANCE DIVISION ZONE 18, iCEPS**

Notes:

.....  
Signature & Stamp.....  
Date**USE OF THE DEPARTMENT OF TRANSNATIONAL  
EDUCATION (TNE), iCEPS**

Notes:

.....  
Signature & Stamp.....  
Date