



CANCELLATION OF REGISTRATION

Please note:

Your cancellation of registration 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.

Surname	Person number												
First Name/s													
Programme											Year of study		

Date of cancellation of Registration Year Month Day

Please indicate the reason for cancellation by marking **X** in the appropriate box:

<input type="checkbox"/>	Wrong choice of course of study	CHCE
<input type="checkbox"/>	Ill health	HLTH
<input type="checkbox"/>	Financial difficulties	FNCE
<input type="checkbox"/>	Taking up overseas scholarship	OVSC
<input type="checkbox"/>	Death of student (Deceased)	DCSD
<input type="checkbox"/>	Leave of absence for one year	LOFA
<input type="checkbox"/>	Registration in abeyance for one year (higher degrees only)	ABEY
<input type="checkbox"/>	Emigrating	EMIG
<input type="checkbox"/>	Family circumstances	FAMP
<input type="checkbox"/>	Accepted place at other University	ACCP
<input type="checkbox"/>	Other reasons – please specify	OTHR

PLEASE TEAR OFF AND RETURN THIS SLIP TO FINANCIAL AID AND SCHOLARSHIPS OFFICE

Faculty	Person number												
Surname													
First name/s													
Programme											Year of study		

Date of cancellation of Registration Year Month Day

For Faculty _____

PROOF OF RECEIPT OF CANCELLATION FORM

Student Name	Person Number												
Signature													
Faculty Officer Name							Signature						



Departmental Signature (required for each course/courses for which you are registered)

Course code	Description	Term	Departmental Signature

Cancellation of Library Registration

Library books and Library cards have been handed in:
(where applicable)

Library signature, date and stamp

Cancellation of student card

Student card handed in and destroyed:

Faculty Office signature

Signature of student: _____ **Date:** _____

For Office use only

PROCESSED BY:

FULL NAME: _____

DESIGNATION: _____

SIGNATURE: _____

DATE: _____