**Faculty of Humanities**



# 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

|  |  |  |
| --- | --- | --- |
|  | Programme/unit of study too difficult | DFCT |
|  | Dissatisfaction with programme/unit | DISS |
|  | Wrong choice of programme/unit of study | CHCE |
|  | Cancelled by University for academic reasons | ACAD |
|  | Cancelled by University for disciplinary or other reasons | DSPL |
|  | Taking up overseas scholarship | OVSC |
|  | Financial difficulties | FNCE |
|  | Leave of absence for one year to take up a scholarship | SCOL |
|  | For reasons other than scholarship (eg American field service) | LOFA |
|  | Enrollment in abeyance for one year (higher degreesonly) | ABEY |
|  | Pressure of business (part-time students) | BSNS |
|  | Family circumstances | FAMP |
|  | Emigrating | EMIG |
|  | Financial Difficulties | FNCE |
|  | Ill Health | HLTH |
|  | Deceased | DCSD |
|  | Accepted place at other University | ACCP |
|  | Other reasons – please specify | OTHR |

## PLEASE TEAR OFF AND RETURN THIS SLIP TO FINANCIAL AID AND SCHOLARSHIPSOFFICE

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | | | | Faculty Stamp |
| 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** |
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# Cancellation of Residence Place

**Cancellation of Dining Hall bookings**

**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

Book bursary scheme (*where applicable)*

Borrowed books haven returned: Faculty Office signature

# Signature of student: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Office use only***

**CANCELATION PROCESSED BY: DATE:**