UTM UNIVERSITI TEKNOLOGI MALAYSIA | School of Professional and Continuing Education (SPACE)

COURSE WITHDRAWAL FORM (TD)

Student's Name:

(In BLOCK letters and as stated in Identity Card/Passport)

IC No./Passport/ISID: _____ Matric Card Number: _____

Programme: _____ Session/Semester: _____

Email: _____

Previous Total Credit Hours Registered: ____

Course Code	Section	Credit	Lecturer's Signature

Agree / Disagree

_____ (Student's Signature)

_____ (Academic Advisor's Signature)

Mobile Phone No: _____

Date: _____/_____/_____

Name: _____

Tel. Extension: _____

Date: _____/_____/_____

IF THE ACADEMIC ADVISOR DISAGREES

Dean's/Deputy Dean's of Academic Decision — Approved/Not Approved

Signature: _____ Date: _____/_____/_____

(1st copy – Faculty Office, 2nd copy – Academic Advisor, 3rd copy – Student)