

APPLICATION FOR CANCELLATION OF REGISTRATION

A. PARTICULARS OF STUDENT (To be filled by the student)

Student number	Surname	Name (s)	Cell number

B. REASON (S) FOR CANCELLATION (INDICATE WITH AN

<input checked="" type="checkbox"/>	Financial problems
<input type="checkbox"/>	Personal problems
<input type="checkbox"/>	Due to illness

C. STUDENT COUNSELINNG UNIT

Comments:.....

.....
Signature

.....
Date and stamp

D. DEPARTMENTAL APPROVAL

Comments:.....

.....
HOD Signature

.....
Date and stamp

E. LIBRARY DETAILS

ANY BOOK(S) OUTSTANDING	YES	NO

Penalty for lost book(s)

Amount: R..... (in words).....will be deducted to the student's account.

.....
Signature

.....
Date and stamp



F. HOSTEL CLEARANCE:

An amount of R.....(in words)..... to be debited to the student's account for lost/unreturned material/equipment.

.....
Signature

.....
Date and stamp

G. IT CLEARANCE

Comments:

.....

.....
Signature

.....
Date and stamp

H. FINANCIAL AID CLEARANCE Comments:

.....

.....
Signature

.....
Date and stamp

I. DECLARATION BY THE STUDENT

I(student's surname & names) hereby declare that the information appearing above is to the best of my knowledge true and correct.

.....
Student's Signature

.....
Date

J. ENROLMENT CANCELLATION: Faculty officer

.....
Signature

.....
Date and stamp

K. STUDENT FINANCE

.....
Signature

.....
Date and stamp

