



The Maldives National University

Machchangolhi, Male', Maldives.

Phone 3345155; Fax: 3315411

Application for Withdrawal

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާއި ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ނަމުގައި ބިނަވާފައިވާ ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން 3345155 ފޯން: 3315411 ފެކްސް: ބަނޑު ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

W10

Your personal details

ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

Full Name and Address, Student Number, National ID Card Number, Permanent Contact Address, Contact Phone Numbers

Course details

ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

Year, Course Name, Faculty/Centre, Course Code, Are you a sponsored student?

Reason for Withdrawal

ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

State clearly and briefly why you wish to withdraw from the Course

Declaration

ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

1. I declare that all the information given in this form... 2. I agree to clear all outstanding... 3. I understand that there will be no Withdrawal until the University notifies me...

Opinion of the Faculty/Centre

ފޯމް ފުރިހަމަކުރުމަށް ފޮނުވާފައިވާ ފޯމް

To be filled by the Faculty/Centre, I certify that the student has been called for an interview... Course Co-ordinator / On behalf of the Faculty

ACTION COMPLETED – OFFICE USE ONLY

Table with 4 columns: Received by, Date, Form complete: Yes / No, Clearance Form filled and completed: Yes / No