



**The Maldives National University**

Machchangolhi, Male', Maldives.

Phone 3345155; Fax: 3315411

**Application for Withdrawal**

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ  
 ސަރުކާރުގެ ޖެނެރަލް ޔުނިވަރސިޓީ، ޖުމްހޫރީ ޖެނެރަލް ޔުނިވަރސިޓީ  
 ފޯން: 3345155 ފެކްސް: 3315411  
 ލާރުނު ވަޅުވުމުގެ ދަފްތަރު

W10

**Your personal details**

ފޯމުގައި ފުރިހަމަކުރާ ލިޔެކިޔުންތައް

Full Name and Address

Student Number  National ID Card Number

Permanent Contact Address

Contact Phone Numbers

**Course details**

ޔުނިވަރސިޓީގެ ނަންބަރު ފޯމުގައި ފުރިހަމަކުރާ

Year  Term

Course Name

Faculty/Centre  Course Code

Are you a sponsored student? No  Yes

**Reason for Withdrawal**

ލާރުނު ވަޅުވުމުގެ ސަބަބު

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

**Declaration**

އިބާރާތް

1. I declare that all the information given in this form and the attached documents (if any) are accurate and true to the best of my knowledge.

2. I agree to clear all outstanding against me and to conform to the rules and regulations of the University.

3. I understand that there will be no Withdrawal until the University notifies me of the approval of my application.

Date  Signature

**Opinion of the Faculty/Centre**

ފެންނަންޖެހޭ ފަރާތްތަކުގެ ފަރާތުން ފުރިހަމަކުރާ

To be filled by the Faculty/Centre

I certify that the student has been called for an interview at the Faculty/Centre level in determining the seriousness of his/her application. Considering all facts and background of the student, I hereby suggest to approve this application.

Stamp  Course Co-ordinator / On behalf of the Faculty

Date  Signature

**ACTION COMPLETED – OFFICE USE ONLY**

Received by:	Date:	Form complete: Yes / No	Clearance Form filled and completed: Yes / No
Withdrawal approved by:	Date student notified of result: <input type="checkbox"/>	Record amended by:	
Date Faculty/Centre notified:	Letter reference:	Student ID Card canceled by:	



The Maldives National University

Rahdhebai Hingun, Machchangolhi, Male', Maldives.

Phone: 3345155; Fax: 3315411

Clearance Form

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ
ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ
3315411 ފަން: 3345155 ފޯން:
ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ

C20

Student details

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ

Student Number, Full name, Faculty/Centre, Phone Number, Year, Term, Course Name

Clearance

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ

Please secure approvals from the following departments.

Faculty/Centre (Enrolled Faculty/Centre)
Nothing is outstanding against the above student in any section/branch (other than library) of this Faculty/Centre

Stamp, Date, Signature, Name

Library (of the enrolled faculty/centre)
No materials or fines outstanding against the above student in this library, or in other University libraries (checked by library staff)

Stamp, Date, Signature, Name

Finance Section, Central Administration
No financial debt against the above student.

Stamp, Date, Signature, Name

Hostel (for residents only)
Nothing is outstanding against the above student in the boarding house.

Stamp, Date, Signature, Name

Declaration

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖިނަރަލް ޕްރޮފެޝަނަލް ޔުނިވަރސިޓީ

I declare that all the information given in this form is accurate and true to the best of my knowledge, and I declare that there is nothing outstanding against me in any office, section, branch of the University.

Date, Signature, Name

Please submit this form with a copy of the National ID card to the Student Services.

Table with 3 columns: Received by, Personal details correct: Yes / No, Form complete: Yes / No; Clearance approved by the University: Yes / No, Date