



The Maldives National University

Machchangolhi, Male', Maldives.

Phone 3345155; Fax: 3315411

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޔުނިވަރސިޓީ
މާޗޗަންގޮލިޝީ، މާލެ، ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔެ
ފޯން: 3345155 ފެކްސް: 3315411
ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

W10

Application for Withdrawal

Your personal details

ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

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

Course details

ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

Year
Course Name
Faculty/Centre
Course Code
Are you a sponsored student? No Yes

Reason for Withdrawal

ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

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

Declaration

ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

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

ލަނޑު ވަނަވާ ފޯމު ފުރިހަމަކުރުމަށް ފޮނުވާނެ ފޯމު

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

Table with 4 columns: Received by, Date, Form complete: Yes / No, Clearance Form filled and completed: Yes / No. Includes rows for Withdrawal approved by, Date Faculty/Centre notified, Date student notified of result, Letter reference, Record amended by, Student ID Card canceled by.



The Maldives National University

Rahdhebai Hingun, Machchangolhi, Male', Maldives.

Phone: 3345155

Clearance Form

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

3345155 ފަނޑު

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

C20

Student details

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

Student Number	<input type="text"/>	Full name	<input type="text"/>
Faculty/Centre	<input type="text"/>	Phone Number	<input type="text"/>
Year	<input type="text"/>	Term	<input type="text"/>
Course Name	<input type="text"/>		

Clearance

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

Please secure approvals from the following departments.

Library (of the enrolled faculty/centre)

(ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން)

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

(ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން)

No financial debt against the above student.

Stamp Date Signature Name

Hostel (for residents only)

(ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން)

Nothing is outstanding against the above student in the boarding house.

Stamp Date Signature Name

Declaration

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން

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.

ACTION COMPLETED – OFFICE USE ONLY

Received by:	Personal details correct: Yes / No	Form complete: Yes / No
Clearance approved by the University: Yes / No	Date:	