



**The Maldives National University**  
 Rahdhebai Hingun, Machchangolhi, Male', Maldives.  
 Phone 3345155; Fax: 3315411

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން  
 ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން  
 3315411 : ފޯން : 3345155  
 ލަކްޝަނު ލިޔުމުގެ ފޯމް

W10

## Application for Withdrawal

### Your personal details

އަދި ލަކްޝަނު ލިޔުމުގެ ފޯމް

Full Name	<input type="text"/>			ފަނޫނުގެ ނަންމު
Student Number	<input type="text"/>	National ID Card Number	<input type="text"/>	ނޭޝަނަލް އިޑްކާޑް ނަންބަރު
Permanent Contact Address	<input type="text"/>			ފަނޫނުގެ ހައްދަވާ ހެއްދެވުމުގެ ބަންދު ބަންދު ބަންދު
Contact Phone Numbers	<input type="text"/>			ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް

### Course details

އަދި ލަކްޝަނު ލިޔުމުގެ ފޯމް

Year	<input type="text"/>	Term	<input type="text"/>	ޖަދުވަލު
Course Name	<input type="text"/>			ފަނޫނުގެ ނަންމު
Faculty/Centre	<input type="text"/>	Course Code	<input type="text"/>	ފަނޫނުގެ ނަންމު
Are you a sponsored student?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް	

### Reason for Withdrawal

ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް

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

ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް

<input type="text"/>
<input type="text"/>
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### Subject Details

ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް

Subject code	Section	Subject (course) title	Credit	Weeks Atnd.	Course Co-ordinator Sign
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Declaration

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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

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To be filled by the Faculty/Centre

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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.

Course Co-ordinator / On behalf of the Faculty / ފަނޫނުގެ ނަންބަރު ލިޔުމުގެ ފޯމް

Faculty Stamp:  Name:  Signature:  Date:

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:	Letter reference:	Record amended by:
Date Faculty/Centre notified:	Letter reference:	Student ID Card canceled by:	

