

ASIA METROPOLITAN UNIVERSITY
No. 6, Jalan Lembah, Bandar Seri Alam
81750 Johor Bahru, Johor
Tel : 07-3861071

WITHDRAWAL FORM

1. Must be filled in (2) copies (First copy : Admission & Records Department and Second copy : Student)
2. Students are required to obtain a signature / verification from all departments below.
3. Students are required to return all property which has been loaned to the University / Hostel.
4. Completed form must be submitted to Admission & Records Department with supported documents.*

Name :		Matric No. :	
Mailing Address :		Mobile No. :	
		Home No. :	
Name of Parents / Guardian :			
Programme :	I/C No. :	Date of Entry :	
Hostel Room No. :	Block/Venue :	Date of Quit :	
Bank Account No. :	Semester Intake :	Final Semester :	
Reason for Withdrawal :			
Signature :	Date :		

1. PROGRAMME COODINATOR	2. HOSTEL
Comment : Recommended / Not recommended	Any Damages : Yes / No **
Remarks :	Remarks, if any defect :
Signature / Stamp / Name :	Signature / Stamp / Name :
Date :	Date :

3. LIBRARY	4. LIBRARY (CUCMS)
Book Loan / Fine : Yes / No **	Book Loan / Fine : Yes / No **
Remarks :	Remarks :
Signature / Stamp / Name :	Signature / Stamp / Name :
Date :	Date :

5. FINANCE DEPARTMENT	6. ADMISSION & RECORDS DEPARTMENT -Confirmation of Forms Received & Information Updates
Overdue Fees / Refund : Yes / No **	Status Updated : Yes / No **
Remarks :	Remarks :
Signature / Stamp / Name :	Signature / Stamp / Name :
Date :	Date :

Note:

* Supporting documents from Student and Parents/Guardians are needed.

** Delete whichever is not applicable.



UNIVERSITI METROPOLITAN ASIA
No 6, Jalan Lembah, Bandar Seri Alam
81750, Johor Bahru, Johor
Tel : 07-386 1071 / 07-386 1076

Name :
NRIC/Passport No :
Address :
Date :

Vice Chancellor,
UNIVERSITI METROPOLITAN ASIA

Dear Sir/Mdm,

REQ: APPLICATION TO WITHDRAW/QUIT FROM STUDY

In consideration of Asia Metropolitan University (AMU), I would like to inform that I (student's name)
..... with IC/Passport No. and
student IDprogramme..... hereby wish
to withdraw/quit from study at AMU effective atbecause of
.....
.....

Hereby agree and acknowledge as follows :

- 1. Termination of my studies is on my own will and volition.
2. My parent's/guardian's has been informed of my termination of studies and has given consent (please enclose a letter of consent from the parent's/guardian's).
3. I understand that if I have an outstanding fee, I am required to pay the fee within 30 days from the date of this letter issued.
4. I understand that my ledger account shows an excess of tuition fees, if any, (after deducting the PTPTN loan received) and will be returned to PTPTN (subject to the University's termination conditions).
5. The University will not be liable for any loss I have suffered, if any, and I will NOT take any legal or court action through a third party or any party or impose any claim on my termination of my studies

Thank you,

Signature, Witness, Approved/Rejected :
Name : Name : Name :
NRIC/Pass : NRIC/Pass : Position:
Date : Date : Date :