

APPLICATION FOR CANCELLATION OF REGISTRATION

A. PARTICULARS OF STUDENT (To be filled by the student)

| Student number | Surname | Name (s) | Cell number |
|----------------|---------|----------|-------------|
| | | | |

B. REASON (S) FOR CANCELLATION (INDICATE WITH AN (X))

| | |
|--|--------------------|
| | Financial problems |
| | Personal problems |
| | Due to illness |

C. STUDENT COUNSELINNG UNIT

Comment:.....

.....
Signature

.....
Date and stamp

D. DEPARTMENTAL APPROVAL

Comments:.....

.....
HOD Signature

.....
Date and stamp

E. LIBRARY DETAILS

| ANY BOOK(S) OUTSTANDING | YES | NO |
|-------------------------|-----|----|
| | | |

Penalty for lost book(s)

Amount: R..... (in words).....will be deducted to the student's account.

.....
Signature

.....
Date and stamp



F. HOSTEL CLEARANCE:

An amount of R.....(in words)..... to be debited to the student's account for lost/unreturned material/equipment.

.....
Signature

.....
Date and stamp

G. IT CLEARANCE

Comments:

.....

.....
Signature

.....
Date and stamp

H. FINANCIAL AID CLEARANCE

Comments:

.....

.....
Signature

.....
Date and stamp

I. DECLARATION BY THE STUDENT

I(student's surname & names) hereby declare that the information appearing above is to the best of my knowledge true and correct.

.....
Student's Signature

.....
Date

J. ENROLMENT CANCELLATION: Faculty officer

.....
Signature

.....
Date and stamp

K. STUDENT FINANCE

.....
Signature

.....
Date and stamp