

COURSE WITHDRAWAL FORM (TD) PLEASE ATTACH COURSE REGISTRATION SLIP

UTM.E/3-2 (Amendment 1/08)

Matric Card Number	:		
IC No./Passport/ISID.	:		
Name	:		
Faculty	(In BLC	OCK letters and as sta	ated in Identity Card/Passport)
Programme	:		
Session/Semester	:		
Previous Total Credits Hours	s Registered (Exclu	uded 'HS' status co	urses)
Course Code	Section	Credit	Lecturer's Signature
			-
			Agree/Disagree
(Student's Signature)			(Academic Advisor's Signature)
Date://			Name:
			Date:/
	IF THE ACAD!	EMIC ADVISOR D	ISAGREE
De	an's Decision		Approved/Not Approved
Signature			Date/