

AFRICA INTERNATIONAL UNIVERISTY (AIU) UNIVERSITY WITHDRAWAL FORM

This form should be completed and submitted to the office of the Registrar (Academic Affairs)

Student Registration Number:		
Student Name:		
Last	First	Middle
Telephone:	Email Address:	
Programme	Campus:	
Mode of Study : School Based	Distance Learning	
Evening	Regular	
Withdrawal Information		
Effective Date:	Last Date Class	s attendance:
Financial Reasons: Please Specify: Professional/Employment: Please Specify: Health: Please Specify: Others: Please Specify: Would you be interested in returning to Yes When do you intend to resume your stu	: Please Specify: ase Specify: Africa International University No	at a later date?
January April May		er December
Year:Student Signature:		
For Official Use only:	Datc	
·	Datas	
Academic Advisor's Signature:		
Student's records updated (Officer's Si Copy: 1) Dean of students 2) HOD	-	4) Registrar's Office

NB: This form should be submitted together with a clearance form if you don't intend to resume your studies at Africa International University.