AFRICA INTERNATIONAL UNIVERSITY
(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 attendance: ____________

☐ Reason(s) for Withdrawal:

☐ Financial Reasons: Please Specify:

☐ Transfer to another University: Please Specify:

☐ Professional/Employment: Please Specify:

☐ Health: Please Specify:

☐ Others: Please Specify:

Would you be interested in returning to Africa International University at a later date?

☐ Yes    ☐ No

When do you intend to resume your studies? Semester?

☐ January  ☐ April  ☐ May  ☐ August  ☐ September  ☐ December

Year: __________________________________________

Student Signature: __________________________ Date __________________________

For Official Use only:

Academic Advisor’s Signature: ______________________ Date: __________________________

Student’s records updated (Officer’s Signature): ______________________________

Copy: 1) Dean of students  2) HOD  3) Finance Office  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.