

PROGRAM WITHDRAWAL FORM

Date	
Full Name [as per passport]	
Registration Number	
Program enrolled in / at	Location:
Last Class / Course Attended	
Mobile Phone	
Email Address	

Reason of withdrawal

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Transferring to another institution / program | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Migrating to another location | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Other |

Detail of Withdrawal:

I, undertake that I want to withdraw from the program mentioned above and shall clear all my balance [if any]. All information provided in this form is correct and up-to-date. I shall be not eligible for any certificate or academic documents after the withdrawal is granted and all my rights as a student of Cornerstone College of International Studies shall cease to exist.

Student Signature

For Office Use Only [The candidate should not fill in this area]		Date: _____
Received by: _____	<input type="checkbox"/> Withdrawal Approved	<input type="checkbox"/> Withdrawal Declined
Comment: _____		
Accounts Head Signature: _____	Chairman Signature: _____	

Please email the form to 'sharmila@ccisuae.com'