

Cancellation of Registration

Name of the Student :

Student Reg. No. :

Degree Programme :

Department :

Postal Address :

Contact No. :

Email :

Reason for cancellation :

- The attached supportive documents :
- 1.
 - 2.
 - 3.

.....
Date

.....
Signature of Student

Official use only

Name of the Officer (Student Service Unit) :.....

Submitted Date:

Signature :