

1. Upon submitting this Withdrawal Form to the Head of Academics, your Student ID Card will be cancelled.
2. There will be strictly NO REFUND of fees once the semester commences.
3. An administration charge of RM250 will be imposed for pre-mature withdrawal.

PART A: Student Particular (Please use BLOCK letters and tick '√' where applicable)

Full Name	:	_____	Permanent	:	_____
			Address	:	_____
NRIC/Passport No	:	_____	Bank Account	:	_____
			No	:	_____
Student ID	:	_____	Bank Name	:	_____
Contact No	:	_____	Bank Account	:	_____
			Holder's Name	:	_____
Programme	:	_____	Student's	:	_____
			Signature	:	_____
E-mail Address	:	_____	Date	:	_____

PART B: Programme Coordinator/ Head of Academics (Please ensure that the student fills in the particulars clearly and correctly)

- For Pre-Mature Withdrawal, please tick column beside Pre-Mature Withdrawal.
- For International Student's Withdrawal, this form must be forwarded to the International Office for clearance.

Reasons for LEAVING FAME International College

- | | |
|---|--|
| <input type="checkbox"/> (1) Graduated/ Completed Studies | <input type="checkbox"/> (3) Transfer to overseas university |
| | Name of Institution: _____ |
| | Session admitted: _____ |
| <input type="checkbox"/> (2) Pre-Mature Withdrawal | <input type="checkbox"/> (4) Other Reason |
| <input type="checkbox"/> a) Insufficient of financial resources | _____ |
| <input type="checkbox"/> b) Return to hometown | _____ |
| <input type="checkbox"/> c) Academic dismissal/ Refused to repeat failed subjects/ Asked to leave programme | |
| <input type="checkbox"/> d) Transfer to other local institution | |
| Name of Institution: | |

Remarks : _____
 Authorized Name & Signature : _____
 Date : _____

PART C: International Office (for International Student)

Remarks : _____
Visa Expiry Date : _____
Authorized Name & Signature : _____
Date : _____

PART D: Educational Loans & Scholarship Unit

Remarks : _____
Authorized Name & Signature : _____
Date : _____

PART E: Account Department

Deposit	RM
Others	RM
Deduction	RM
Amount Refundable	RM

Remarks : _____
Authorized Name & Signature : _____
Date : _____

PART F: Registry Office/ Academics Office

- Update student file

Remarks : _____
Authorized Name & Signature : _____
Date : _____