

## Withdrawal Request

Name:	Student ID:
Request Date:	Student Signature:
QID:	
Reason of withdrawal:	
For Official Use Only	
Official documents in the file include:	
<ul><li>Admission form</li></ul>	
<ul> <li>High school certificate</li> </ul>	
<ul><li>Accuplacer – English test score</li></ul>	
<ul><li>Copy of QID</li></ul>	
<ul> <li>Medical certificate</li> </ul>	
<ul> <li>Copy of birth certificate</li> </ul>	
Records Staff:	Date received:
Student file complete: Yes	No
Note:	
Records Section Head Note:	
Signature / Date:	
For records staff procedures	
Name ·	
Signature	
Date	