



**Faculty Rule \_\_\_\_\_**

Student ID:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

To the Dean/FAO/Student Adviser of the Faculty of  
\_\_\_\_\_

I consider that I am qualified for the award of:  
\_\_\_\_\_

and wish to withdraw from my:  
\_\_\_\_\_

Under Faculty Rule \_\_\_\_\_ and I wish to graduate with a  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date of Letter:  /  /   
Day Month Year

Dean/FAO/Student Adviser/ Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty of  
\_\_\_\_\_



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