

ADMISSION WITHDRAWAL REVOCATION REQUEST FORM

Full Name: _____

Admission No. / Application No. _____

Program Name _____

Date of Initial Withdrawal: _____

Reasons for Admission Withdrawal Revocation:

(Please provide a brief explanation of the reasons for revoking the admission withdrawal)

Acknowledgment of No Refund Policy:

I, the undersigned, accept that in the event of a subsequent withdrawal after the completion of withdrawal revoke process, no refund will be made.

Student's Signature: _____ Father/Guardian Signature: _____

Date: _____

Compulsory Enclosure with this form:

- Copy of Admission withdrawal form
- Copy of Fee Receipt

Note- Incomplete form or missing documentation may result in delays in processing.

Office Use Only

Date Received: _____

Reviewed By: _____

Approved By: _____