


CARIBBEAN MARITIME INSTITUTE

	ADMISSIONS AND EXAMINATIONS FORMS	Document No: CMI/ADM/FORM/009	Page 1 of 1
	TITLE: NOTICE OF WITHDRAWAL	Revision No.: 00	Revision Date: 1 st January, 2014

Instructions: Please fill out appropriately and return to the Registry.

ID #: _____

Name: _____

Address: _____

Telephone no. (permanent) _____ (mobile) _____

E-mail Address: _____

Date of Birth: _____ First enrolled at CMI: _____
(Term/year)

Department: _____ Course: _____

Reason for withdrawal: Personal Medical Other

Explanation: _____

Are you planning to resume studies at CMI? No Yes If yes, when?
September Jan. Semester 20_____

FINAL YEAR STUDENTS ONLY: Did you receive financial assistance from CMI or any Government Agency?

No Yes If Yes, specify: _____

Are you the beneficiary of a loan fund or a holder of any scholarship?

No Yes If Yes, name of sponsoring agency: _____

Will refund be sought?

No Yes If yes, please specify your reason : _____

REQUIRED SIGNATURES:

Student: _____ Date: _____

Dean, Academic Studies: _____ Date: _____

Medical Doctor (if withdrawal because of ill health): _____ Date: _____

Finance Dept.: _____ Date: _____

Registrar: _____ Date: _____