

**CONFIRMATION OF CESSATION OF STUDIES**

Date : .....

Name : .....

Metric ID no. : .....

Programme : .....

Telephone no. : .....

Address : .....

.....

Dear Student,

**CERTIFICATION BY DEPARTMENT/DIVISION/UNIT**

With regards to your intention to withdraw from studying at the university, you are requested to get clearance certification from the following department/division/unit prior to the issuance of the Cessation of Studies Letter. These certifications will serve to confirm there is neither monetary obligation owed to the university nor other outstanding matters arising throughout the duration of your studies here at UMP:

ITEM	DEPARTMENT/DIVISION/UNIT	CERTIFIED BY OFFICER-IN-CHARGE (Name & Official Stamp)	REMARKS
1.	Faculty		
2.	Library		
3.	Security Division		
4.	Student Affairs & Alumni (JHEPA)		
5.	Student's Finance Division, Bursary (BKP)		

Thank you for your cooperation.

**BADARIAH BINTI MUSTAFA**

Executive

Academic Management Office

o.b.o : Manager

Tel: 609-424 5259

Fax: 609-424 5262

