

ACADEMIC MANAGEMENT DIVISION

CONFIRMATION OF CESSATION OF STUDIES

Date :

Name :

Metric ID no. :

Programme :

Telephone no. :

Address :

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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.	Centre for Modern Language & Human Sciences (CMLHS)		
2.	Library		
3.	Security Division		
4.	Student Affairs & Alumni Department (SAFFAD)		
5.	Student's Finance Division, Bursary (BKP)		
6.	International Office (IO) <i>(for international student only)</i>		

Thank you for your cooperation.

BADARIAH BINTI MUSTAFA
Executive

ACADEMIC MANAGEMENT DIVISION

APPLICATION FOR CESSATION OF STUDIES

Date :

Name :

Matric No. : IC No/Passport No.:

Programme :

Faculty :

Intake Year : Course Work Year:

Telephone no. :

Address :

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Please tick (✓) where applicable

REASON FOR LEAVING	DECISION DELIBERATED BY	
	CMLHS	ACADEMIC MANAGEMENT OFFICE

<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED
<input type="checkbox"/> ACCEPTING JOB OFFER	<input type="checkbox"/> REJECTED	<input type="checkbox"/> REJECTED
<input type="checkbox"/> ENROLLING INTO ANOTHER UNIVERSITY	REMARKS: (Please specify)	REMARKS: (Please specify)
<input type="checkbox"/> PERSONAL
<input type="checkbox"/> OTHER REASONS (Please specify)
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