**Cancellation of Registration**

Name of the Student :

Student Reg. No. :

Degree Programme :

Department :

Postal Address :

Contact No. :

Email :

Reason for cancellation :

The attached supportive documents : 1.

 2.

 3.

…………………. ……………………………….

Date Signature of Student

………………………………………………………………………………………………………………………………………………………………….

**Official use only**

Name of the Associate Officer(Student Service Unit):………………………………

Submitted Date:

Signature :