



FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY

WITHDRAWAL FROM A COURSE REQUEST FORM

This form is intended for **ICT students only** and needs to be completed and submitted by email to ict@um.edu.mt and to the **Departmental Administrator of your course**.

Name & Surname:	
ID No:	
Course & Year:	
Date Last Attended: <i>(If applicable)</i>	
Did you Submit any Assessments: <i>(If yes, list study-unit code/s and title/s)</i>	
Were you granted any scholarship? <i>(If yes, tick applicable box and enter name of Scholarship. This applies to PG students only.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Scholarship Name: _____
Reason for withdrawal:	
Have you sought professional advice before taking this decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from whom? _____

Signature of Student

Date