



ISO 9001 : 2000 Certified

INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44 , Mahipalpur , New Delhi-110 037

FORM FOR INTENT TO WITHDRAW

STEP 1 – ABOUT YOURSELF:

Student

Number: _____

Last Name

First Name

Middle Name

Address City and Postal Code

Telephone Number

Cell Number

Email Address

STEP 2 – YOU MUST COMPLETE THE FOLLOWING INFORMATION:

INTEND TO WITHDRAW FROM THE FOLLOWING PROGRAM:

Program Name

R.No.

Session

REASONS FOR WITHDRAWAL: MAKE CHOICES FROM ONE SECTION ONLY ACADEMIC :

- Program does not meet expectations
- Academic difficulty
- Language difficulty
- Transfer to other college or university
- Other academic

PERSONAL:

- Health
- Career goals changed
- Family distress
- Loss of motivation
- Other personal _____

EMPLOYMENT:

- Employment not related to your program
- Employment related to your program
- Seeking employment
- Other

FINANCIAL:

- Financial Pressure

STEP 3 – COMPLETED SESSION WITH ACADEMIC ADVISOR / PROGRAM COORDINATOR OR COUNSELLOR:

Academic Advisor / Program Date

Coordinator Signature

TO BE COMPLETED BY STUDENT:

I have read and understood the rules, regulations and other guidelines of the Institute in respect of withdrawal from the Course.

Yes No

I have understood that the fee once deposited is neither refundable nor adjustable in any circumstances.

Yes No

I have paid in advance for the next semester

Yes No

I have understood that I am responsible for returning any college property that I might have in my possession. I also understand that this information is collected for used by the College for processing withdrawals. Any inquiries about this authorization may be directed to Enrolment Services, IPH&H.

Yes No

Sign Here: Date:
Student Signature

IMPORTANT: You are considered officially withdrawn when you submit this form to Enrolment Services with BOTH (a) Student signature and (b) Academic Advisor/Program Coordinator or Counsellor signature by withdrawal deadline.

DATE FORM RECEIVED

OFFICE USE ONLY

Returning Student

Notes: _____

Approved By: _____

Date: _____

Date completed