

GRADUATE DISENROLLMENT APPLICATION FORM



**TO THE DIRECTORATE OF THE INSTITUTE OF
SOCIAL SCIENCES**

I, a registered student in your University's.....
programme I want my registration to be deleted for the reasons stated below.

Kindly submitted for necessary action.

SIGNATURE

.../.../.....

Name and Surname	
ID Number	
Student Number	
Program	
Contact Number	
My Reason For Deregistration	

Head of Department Signature

.../.../.....

**Department of Financial and Administrative Affairs
Signature and Approval**

.../.../.....