



OFFICE OF STUDENT DEVELOPMENT AND ALUMNI
UUM COLLEGE OF LAW, GOVERNMENT AND INTERNATIONAL STUDIES
UNIVERSITI UTARA MALAYSIA

PRACTICUM WITHDRAWAL FORM

PRACTICUM SESSION: A _____

DATE: _____

NAME (as appeared on IC)		
TEL NO.	MOBILE	
	HOME	
MATRIC NO.		
PROGRAM		
MAJOR (If any)		
SEMESTER		
DPP ADDRESS		
HOME ADDRESS		
STUDENT'S SIGNATURE		

ADMINISTRATIVE PURPOSE

DATE OF ACCEPTANCE	INPUT BY	DATE	APPROVAL

STUDENT'S COPY

The following student (Name:

.....)

with Matric Num.:..... has agreed to withdraw from practicum (Session:.....)

Date of withdrawal	Student's signature	Officer's name & signature