

CANCELLATION OF STUDIES FORM

	PARTICULARS OF STUDENT:	University number:
--	-------------------------	--------------------

Student: Surname and Initials:

Faculty:

Email:

Qualification code and name:

Reason for cancellation

I confirm that my University card was returned: Yes No Signature of student:

Provide the title, name and surname of your supervisor: (for their notification)

CANCELLATION OF CAMPUS ACCOMMODATION (if applicable)

Name of residence:

Cancellation date:

SUMMARY OF INTERVIEW WITH RCS

Confirmation that policy with regards to cancellation	n of accommoda	ation for the whole y	ear was explained to
the resident stude	ent. Yes:	No:	

Amount payable:

Date:

Comment:

REPRESENTATIVE of RCS TO COMPLETE BELOW:

Are room and its contents in order: Yes No (if no, please describe below)

Breakage:

RESIDENCE OFFICER

NWU HIGHER DEGREE ADMINISTRATION

Cancellation was captured on the system? Yes No

Comments:

It is the responsibility of the student to make a copy of the form before handing in the original at NWU Higher Degree Administration or the finances department. It is the responsibility of the student to ensure that all the amendments were carried out as indicated on the form. If the amendments had not been made, the form copy must be submitted as proof that the original had been handed in for cancellation of studies.

Original details: (10512187) K: HGA-HDA HDA Toolbox/Forms/Word fillable forms/Cancellation of studies form 2022.docm 8 December 2021

File reference: 7.1.5