

BUGEMA UNIVERSITY
Withdrawal Voucher

STUDENT'S NAME: _____

REGISTRATION NO: _____ DATE: _____

SEMESTER: _____ ACADEMIC YEAR: _____

I would like to withdraw all the courses I registered for this semester (Attach the Registration Card) and request for a dead Semester/Year

Reason: _____

NB The refund policy stipulated in the current bulletin Pg 38 Shall apply.

APPROVAL SIGNATURES AND STAMPS

Departmental Head: _____

Registrar (Withdraw): _____

Business Manager (Refund Policy) _____

Registrar (Verification) _____

**Copies to
Registrar,**

Department,

Business office,

Student