

WITHDRAWAL FROM RHODES UNIVERSITY

I hereby indicate my intention to withdraw from Rhodes University	ersity.
Student number:	
Name and Surname:	
Postal address:	
E-Mail address: *Please note that the Registrar's Division has adopted e-mail as their primary method of access your @campus.ru.ac.za e-mails, kindly provide us with an alternate e-mail address. to our office.	communication with students. As you will no longer be able
If submitted during an exam session (June/November), please	indicate if you wrote any exams:
If so, kindly note that there will be a delay in processing the withdrawal until the results for that exam session are released. You will be notified via email when your registration is cancelled and your withdrawal will be backdated to the date indicated below as your date of withdrawal or the date your last exam was written.	Yes: No: If yes, please list courses in which exams were written:
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In order to expedite the refund (if any) please ask your sponsor studentfees@ru.ac.za:	parent to email the following to
 Proof of original payment to Rhodes and Copy of their bank account (showing the account details a 	and name).
Alternatively provide their email details and we will contact th	em directly:
Date of your withdrawal:	
Signature:	
Date:	
For office use only:	
Residence Office:	
Student Funding Office:	
Protea update:	
Citizenship:	