

**OPEN UNIVERSITY OF MAURITIUS
PROGRAMME WITHDRAWAL FORM**

Appendix 6

In order for a learner to be officially withdrawn from the Open University of Mauritius (OU), this form should be completed and returned to the Academic Affairs Division (AAD)/**Open School Division (OS)** together with the **(1)** University Student Identity Card, **(2)** the Student Bus Pass (if applicable) and **(3)** evidence of payment effected.

LEARNER PERSONAL DETAILS

Please tick (✓) as appropriate

Learner's Full Name:		Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>
Learner ID:		Email address:
Programme of study:		Current Year/Semester:
Intake/Cohort:		Contact Number:
Have you benefitted from the Free Tertiary Education Scheme (FTES):	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please indicate which Year/Semester you benefitted from the FTES:

LEARNER REASONS FOR WITHDRAWAL

Please tick (✓) as appropriate

Financial <input type="checkbox"/>	Medical <input type="checkbox"/>	Family <input type="checkbox"/>	Enrolment in another institution <input type="checkbox"/>	Others <input type="checkbox"/>
Please use the space below if you wish to provide a brief explanation of the circumstances of your withdrawal:				
Would you be interested in returning at OU at a later stage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:.....		

DECLARATION BY LEARNER

I declare that all the particulars provided by me above are true and correct. I undertake to honour my commitments to the University and to comply with the rules, regulations and decision of the Open University and any amendment thereto. I confirm I wish to withdraw from the Open University of Mauritius.

Signature of Learner:.....Date:.....

FOR OFFICE USE

Recommendation from Programme Manager	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:.....
Name of Programme Manager:		
Signature of PM :		Date:.....
Approval of Director (AA)/Director (OS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:.....
Name:		
Signature:		Date:.....
Reregistration Platform Updated	Signature of AAD Admin Staff.....	Date:.....
Copy of withdrawal form sent to Admission Office	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Tel: (230) 403 8200

Fax: (230) 464 8854

Email: openuniversity@open.ac.mu