



Open university of Mauritius, Réduit, Mauritius  
 Tel: (230) 403 8200  
 Fax: (230) 464 8854  
 Website: www.open.ac.mu  
 Email: openuniversity@open.ac.mu

Date Received: .....

**WITHDRAWAL FORM**

Surname: ..... First Name: ..... Middle Name:.....

Learner ID: ..... Programme Registered: .....

Status of Programme:

Modules Completed	Module Code	Modules Completed	Module Code

Reasons for Withdrawing (please specify)

- Financial Reasons: .....
- Continue with Another Institution:.....
- Personal:.....
- Others: .....

Would you be interested in returning at a later date? YES  NO

I declare that all the particulars furnished by me above are true and correct. I undertake to honour my commitments to the University and to comply with the rules, regulations and decisions of the University and any amendment thereto.

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

Recommendations of the Director, Academic Affairs Division/Programme Manager:

.....  
 .....

Signature: ..... Date: .....

