

BARBADOS COMMUNITY COLLEGE

"Eyrie", Howell's Cross Road, St Michael

WITHDRAWAL FROM COLLEGE

SECTION 1 – TO BE COMPLETED BY STUDENT

NATIONALITY:

STUDENT IDENTIFICATION NUMBER: YEAR OF ENTRY:

(Mr/Mrs/Miss)NAME
LAST NAME FIRST NAME MIDDLE INITIALS MAIDEN NAME

HOME ADDRESS:

TELEPHONE NO: (Home)..... (Work) (Cell)

PROGRAMME/MAJORS: FULL-TIME PART-TIME

SECTION 2 – TO BE COMPLETED BY STUDENT

TICK APPROPRIATE BOX

Health

Transfer to another institution

Economic

Inability to cope with programme

Employment

Other (Please specify)

Personal

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STUDENT'S SIGNATURE DATE

SECTION 3 – TO BE COMPLETED BY DIVISIONAL/DEPARTMENTAL HEAD(S) AND TUTOR 1, COUNSELLING

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SIGNATURE(S), DIVISIONAL/DEPARTEMENTAL HEAD(S)

DATE

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SIGNATURE, TUTOR 1, COUNSELLING

DATE

SECTION 4 – FOR OFFICIAL USE

DATE RECEIVED:

COMMENTS:

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REGISTRAR

DATE