



ENROLMENT WITHDRAWAL FORM
Zoe leadership Institute

Office of the registrar
registrar@zoeleadership.com

Full Legal Name

Student ID

Email

Please Check the appropriate: Dropping for a module Discontinuing

I am the recipient of scholarship Discount

Reason [s] for leaving: Academic suspension Financial Work

Change in Career plan Health Personal

If Transfer to Third party:

Full Name of the Candidate:

[A registration form need to be filled in by the third party along with this form]

Intention to return at a later date: Yes No Date of return [If Known] _____

Signature from Admin [if dropping after deadline]:	Date:
Registrar's Signature:	Date:
Refund amount [if any]:	Processed by:
	Date:

I have read the terms and conditions of the refund policy and agree to abide by it.

STUDENT'S SIGNATURE: _____ Date: _____