BUGEMA UNIVERSITY WITHDRAWAL FORM FROM BUGEMA UNIVERSITY

STUDE	NT'S NAME:			
REGISTRATION NO:		DATE:		
COURSE:		Major:	Minor:	
LAST S	EMESTER WHEN REGIST	ERED AT BUGEMA UN	IVERSITY:	
. (done at Bugema University a	ave studied my assessment sheet, and I agree that all the grades I have so far the at Bugema University are entered: dent's Signature: Date:		
	The Student has been cleared from the Department:			
	Department Chairperson:		_Stamp:	
3.	The Student has been cleared financially from the Business Office:			
	Business Manager:	Stamp	o:	
4.	The student has been cleared from the Library:			
	Librarian:	Stam	p:	
5. The student has been cleared from the Registrar's Of			ce::	
	Registrar:	Stamp):	