



## WITHDRAWAL FROM ENROLLMENT FORM

**From:**

\_\_\_\_\_  
*Your full name*

\_\_\_\_\_  
*School of origin*

\_\_\_\_\_  
*Place & date of birth*

\_\_\_\_\_  
*Mobile & E-mail*

\_\_\_\_\_  
*Program Study*

\_\_\_\_\_  
*Academic Year*

**To:**

Director, Office of Admission  
President University,  
Kota Jababeka, Cikarang

**Cc:**

Office of Academic, Office of Finance

Dear Sir/Madam,

Unfortunately, I must inform you that I must withdraw from President University due to the reason as follow:

- Accepting at ITB, UI, UGM       Financial reasons       Health reasons  
 Academic reasons       Personal hardship reasons       Gone into employment  
 Others, (please specify) \_\_\_\_\_

I understand that, by submitting this form to Office of Admission, I will be withdrawn from President University for which I am enrolled for the term I have specified above. I am responsible for all fees assessed according to the refund schedule policy of 45 working days upon submitted.

Please find the attached supporting documents for Office of Admission's review and approval.

Thank you,  
Sincerely yours,

Student's signature

\_\_\_\_\_  
Date :

**IMPORTANT NOTE**

Withdrawing from studies means that you have decided to stop studying at President University and that you have no intention of returning to continue your program of study in the future. Withdrawing from studies will have financial implications.

Supporting documents:

1. Copy of Letter of Acceptance from UI / UGM / ITB.
2. Bank account information for remittance payment.

**Please scan this form along with supporting documents, and send to [enrollment@president.ac.id](mailto:enrollment@president.ac.id) with subject "withdraw from enrollment academic year \_\_\_\_\_".**