## UROP - Withdrawal Form

**Section A: To be completed by student:**

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Matric. Number</td>
<td></td>
</tr>
<tr>
<td>Student’s SoC email</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s Name</td>
<td></td>
</tr>
<tr>
<td>Project Title</td>
<td></td>
</tr>
</tbody>
</table>

### Start Date: Semester 1/2* of AY___/____ End Date: Semester 1/2* of AY___/___

### Reasons for Withdrawal:


<table>
<thead>
<tr>
<th>Name and Signature of STUDENT</th>
<th>Date</th>
</tr>
</thead>
</table>
Section B: To be completed by UROP supervisor

DECISION BY SUPERVISOR:

☐ APPROVED      ☐ REJECTED

Reasons/Comments (if any):

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Name and Signature of Supervisor    Date

Section C: To be completed by UROP coordinator

DECISION BY ASSISTANT DEAN, OFFICE OF UNDERGRADUATE STUDIES:

☐ APPROVED      ☐ REJECTED

Reasons/Comments (if any):

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A/P Kan Min-Yen

Name and Signature of ASSISTANT DEAN    Date

Please return the duly completed form to SoC Office of Undergraduate Studies (COM1 #02-19) Attn: Miss Ivy Ng