Policy Category	**Academic Policies**
Policy Title	**Student Program Withdrawal**
Policy Number	**UNILIL/ACD/00025/17**
Policy Holder	**UR,HOD,Admisions,Deans**
Authorizing Entity	**Governing Council**
Date of Approval	**12th March,2020**
Date for Review	**21st April,2022**

Purpose

The University of Lilongwe recognizes that students be withdrawn or may need to withdraw from their academic programs for various reasons. This policy outlines the procedures and requirements for both undergraduate and postgraduate students. It provides a structured way of withdrawing from programs and includes provisions for reserving a place for future studies.

Scope

This policy applies to all undergraduate and postgraduate students enrolled at the University of Lilongwe.

1. Reasons for Withdrawal

The university recognize that life circumstances may change for students. Students may therefore withdraw from their programs for reasons including but not limited to:

- Personal health issues
- Financial constraints
- Academic challenges
- Family responsibilities
- Change in career goals

2. Procedure for Withdrawal

Step 1: Initial Consultation

Students must schedule a meeting with their advisor or program coordinator to discuss their reasons for withdrawal. This step is crucial to explore all possible options available, such as academic support or leave of absence.

Step 2: Completion of Withdrawal Form
If a student decides to proceed with withdrawal, they must complete a "Program Withdrawal Form," or a ”Leave of Absence Form” which can be obtained from the Student Services Office or the university's website.

Step 3: Submission of Withdrawal Form
The completed form must be submitted to the Student Services Office. Students are encouraged to keep a copy of the form for their records.

Step 4: Financial Implications
Students should consult the Finance Office to understand the financial implications of their withdrawal, including tuition refunds or outstanding balances.

Step 5: Place Reservation Request
Students wishing to reserve their place for future studies must indicate this intention on the "Program Withdrawal Form." They will need to provide a brief explanation of the reasons for reserving their place, along with any supporting documentation.

Step 6: Notification of Withdrawal and Place Reservation
Upon processing the withdrawal form and place reservation request, the Student Services Office will notify the relevant academic department and update the student’s records accordingly. A confirmation of the reservation will be provided to the student.

Step 7: Exit Interview (Optional)
Students may be invited to participate in an exit interview to provide feedback on their experiences at the university, which can help improve services for future students.

3. Important Deadlines
Students must be aware of the academic calendar to understand the deadlines for withdrawal and place reservation to avoid any academic penalties. Withdrawals after a specific period may result in a "W" grade recorded on the transcript.

4. Re-Enrollment
Students who have reserved their place and wish to return to their program after withdrawal must follow the re-enrollment process as outlined by the university. This may include submitting a new application and meeting any current admission requirements.

5. Conditions of Place Reservation
The reservation will typically be held for a maximum of one academic year. Students may be required to confirm their intent to return before the start of the academic year.
If the student does not return within the specified timeframe, the reserved place may be forfeited, and the student will need to reapply for admission.

6. Confidentiality
All discussions and documentation related to the withdrawal process and place reservation will be handled with the utmost confidentiality in accordance with university policies.

7. Support Services
The university offers support services for students considering withdrawal, including counseling. Students are encouraged to utilize these services.

Conclusion
The University of Lilongwe aims to support students in making informed decisions regarding their academic journey. This policy ensures that students have a clear understanding of the withdrawal process, the option for place reservation, and its implications.

Review and Amendments
This policy will be reviewed annually and may be amended as necessary to ensure it remains relevant and effective.

APPENDICES
APPENDIX A
PROGRAM WITHDRAWAL FORM

This form is to be completed by students wishing to withdraw from their academic program at the University of Lilongwe. Please ensure all sections are filled out accurately.

Section 1: Student Information

-Full Name:_____
-Student ID:_____
-Program of Study:_____
-Year of Study:_____
-Contact Number: _____
-Email Address:_____

Section 2: Reason for Withdrawal

(Please select the primary reason for your withdrawal)

- [ ] Personal Health Issues
- [ ] Financial Constraints
- [ ] Academic Challenges
- [ ] Family Responsibilities
- [ ] Change in Career Goals
- [ ] Other (Please specify): _____

Section 3: Place Reservation (if applicable)

If you wish to reserve your place for future studies, please indicate your intention below:

- [ ] I wish to reserve my place in the program for future studies.

Please provide a brief explanation of your reasons for reserving your place:
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Section 4: Financial Implications

I have consulted the Finance Office regarding the financial implications of my withdrawal:

- [ ] Yes
- [ ] No

Section 5: Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood the University of Lilongwe's policy on program withdrawal and the implications of my decision. I confirm that the information provided above is accurate to the best of my knowledge.

Student Signature:_____
Date:_____

Section 6: Office Use Only

To be completed by the Academic Administrative Assistant Office

-Date Received:_____

-Withdrawal Processed By:_____

-Confirmation Sent To Student: [ ] Yes [ ] No

-Notes:
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APPENDIX B
LEAVE OF STUDY FORM

This form is to be completed by students wishing to apply for a leave of absence from their academic studies at the University of Lilongwe. Please ensure all sections are filled out accurately.

Section 1: Student Information

-Full Name:_____
-Student ID:_____
-Program of Study:_____
-Year of Study:_____
-Contact Number:_____
-Email Address:_____

Section 2: Type of Leave Requested

(Please select the type of leave you are applying for)

- [ ] Medical Leave
- [ ] Personal Leave
- [ ] Family Leave
- [ ] Financial Leave
- [ ] Other (Please specify): _____

Section 3: Duration of Leave

-Start Date of Leave:_____
-End Date of Leave:_____
-Total Duration:_____

Section 4: Reason(s)for Leave of Absence from Studies

Please provide a detailed explanation of your reason for requesting a leave of absence:

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Section 5: Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood the University of Lilongwe's policy on leave of absence and the implications of my request. I confirm that the information provided above is accurate to the best of my knowledge

Student Signature: _____

Date:_____

Section 6: Office Use Only

To be completed by the Student Services Office

Date Received:_____

Leave Request Processed By:_____

Leave Approved:[ ] Yes [ ] No

Notes:
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