

Official Student Withdrawal Receipt

Date: [Date of Withdrawal]

Student Name: [Student's Full Name]

Student ID: [Student ID Number]

Program: [Program/Department Name]

Withdrawal Date: [Date of Withdrawal from Institution]

Received By:

Name: [Name of Authorized Personnel]

Position: [Position Title]

Institution: [Institution Name]

Details of Withdrawal:

This receipt acknowledges the student's withdrawal from [Institution Name] as of the above stated withdrawal date. All official documents and belongings have been returned as per the institution's policies.

Thank you for your time with us. We wish you all the best in your future endeavors.

Signature:

[Signature of Authorized Personnel]