



Department of Enrollment and Administrative Services

14-16 1/2 West Avenue, Kingston 8, Phone: (876) 969-8211; 969-8803 / Fax: (876) 925-9129
email: registrydepartment@jts.edu.jm

APPLICATION FOR WITHDRAWAL

Please complete in Block Letters:

Name _____ Email _____

Telephone: _____

Student Classification: Year1 [] Year 2 [] Year 3 [] Year 4 [] Year 5 []

[] Full-time [] Part-time

Programme of Study _____ Minor/Emphasis _____

Mth. & Yr. Entered _____ Current Month and Year _____

Please check the appropriate area

Withdrawal for a Semester [] Withdrawal for an Academic Year []

Withdrawal from the Seminary []

Reasons for Withdrawal

Multiple horizontal lines for writing reasons for withdrawal.

Student's Signature _____ Date: _____

OFFICIAL USE ONLY

Director's Signature: _____ Date _____

Academic Dean : _____ Date: _____

DEAN'S REMARKS

Large empty box for Dean's remarks.