جامعة الأخوين
AL AKHAWAYN
UNIVERSITY

# Office of Admissions & Outreach

## ENROLLMENT POSTPONEMENT

This form must be completed by students who has been admitted and would like to postpone their registration. This form must be faxed to the Office of Admissions and Outreach before: May 31st if you are admitted in the Spring and October 31st if you are admitted in the Fall.

**Student Code** ☐☐☐☐☐☐

**Last Name** ________________________________

**First Name** ________________________________

**Check one box only.**

**Confirmation Type** : ☐ **Enrollment Postponement** ☐ **Enrollment Cancellation**

### Enrollment Postponement

☐ **I am enclosing a copy of receipt of the non-refundable sum of 5000 Dh.**

☐ **I will pay the non-refundable sum of 5000 Dh.**

**NB. Please note that the payment must be made by Electronic Money Transfer (*Mandat Electronique*) to Business Office, Al Akhawayn University Ifrane.**

### Enrollment Cancellation

I have changed my mind and I do not wish to continue the process of admission because :

☐ Yes ☐ No I am enrolled in another institution. Name of institution :________________________________

☐ Yes ☐ No Financial Aid was insuffisant.

☐ Yes ☐ No Scholarship not awarded or scholarship was insuffisant.

☐ Yes ☐ No I found a job.

☐ Yes ☐ No I have health problems.

☐ Yes ☐ No I have difficulties related to the English Language.

☐ Yes ☐ No I have some personal problems.

Others:

________________________________________________________________

**Student Signature**: ________________________________ **Date**: __________________

**THIS FORM MUST BE FAXED TO: 055 86 21 77**