

**UNIVERSITY OF EASTERN AFRICA, BARATON
EMPLOYMENT WITHDRAWAL FORM**

1. GENERAL INFORMATION

STUDENT NAME: _____
STUDENT ID NO: _____ APPLICATION DATE _____

2. WITHDRAWAL DETAILS

DEPARTMENT(*indicate the department from which you wish to withdraw* _____)

Reasons for withdrawal

- a. Transferring from UEAB _____
- b. Not on Campus next trimester _____
- c. Fully Registered for Classes _____
- d. Contract is over _____
- e. Found a new assignment (state Department) _____ Designation _____
- f. Other _____

Signature _____ Date _____

Head of Department _____ (Name & Signature)
(*department from which you are withdrawing*)

Date _____

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