



**JAMAICA THEOLOGICAL SEMINARY**  
**Department of Enrollment and Administrative Services**

14-18 West Avenue, Kingston 8, Phone: (876) 969-8211; 969-8803 / Fax: (876) 925-9129  
email:registry@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 from the Seminary [ ]

Reasons for Withdrawal

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\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Director's Signature: _____	Date _____
Academic Dean : _____	Date: _____
<b>DEAN'S REMARKS</b>	