



SUSPENSION OF STUDIES / ACADEMIC YEAR 20_____

1. Identification of the student

a) Names : _____

b) Registration N° : _____

c) YEAR OF STUDY : _____

d) Faculty /Department: _____

2. Reasons of suspending.....
.....

3. Discharge of responsibilities

The student owes to MIPC’ finance _____ Frw

Names of Accountant : _____

Signature and Date : _____

The student owes to MIPC’

Library :.....

Names of Librarian : _____

Signature and Date : _____

4. Department’s notice

The student requesting suspending is regularly registered in the Faculty of _____

Names of Head of the Department :.....

Date and Signature :

5. Notice from Direction of Academics :
.....

Signature of the Student

Date _____

N.B : This form is filled in three copies : First for student, second to be classified in the registration file, third to be classified in the Department.