Admission and Registration Office

**Withdrawal from semester**

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| **I would be grateful if you accept my request for Withdrawal from Semester:** |
| **□ Fall**  | **□ Spring**  | **□ Summer** |
| **Academic Year** |  |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Student ID** |  |
| **Program** |  |
| **Concentration** |  |
| **Date** |  |
| **Reason of Withdrawal** |  |
| **Signature** |  |

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| **I will start my study again on** |
| **□ Fall**  | **□ Spring**  | **□ Summer** |
| **Academic Year** |  |

**For Official use Only**

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| --- |
| **Student Accountant** |
| Name | Signature  | Date |
|  |  |  |

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| **Director of Admission & Registration**  |
| Name | Signature  | Date |
|  |  |  |
| **□ Approved****□ Rejected**  |

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| **Head of Department**  |
| Name | Signature  | Date |
|  |  |  |
| **-** Number of Withdrawals from Semester Are More Than Two Regular Semesters**□ Approved** **□ Rejected**  |

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| --- |
| **President Decision**  |
| Name | Signature  | Date |
|  |  |  |
| **-** After the End of the Withdrawal From Semester Period or Exceeding the Two Regular Semesters allowed:**□ Approved** **□ Rejected**  |

**Copy to: - Student’s file.**