Admission and Registration Office

**Withdrawal from semester**

|  |  |  |
| --- | --- | --- |
| **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** |  |

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

**For Official use Only**

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

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

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

|  |  |  |
| --- | --- | --- |
| **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.**