



WITHDRAWAL FORM

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Student Information	First & Last Name				
	Student No				
	Faculty				
	Program				
	Level				
Address	Home				
	Mailing Address if different from Home Address				
Phone Number	Home	Area Code		Number	
	Mobile	Area Code		Number	
Reason of Cancellation	Dismiss	<input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Not-Registered Dismissal <input type="checkbox"/> Disciplinary Dismissal <input type="checkbox"/> Disciplinary Suspension			
	By Own Will	<input type="checkbox"/> Military <input type="checkbox"/> Financial Reasons <input type="checkbox"/> Family <input type="checkbox"/> Unsuccessfulness <input type="checkbox"/> Unsatisfaction <input type="checkbox"/> Personal <input type="checkbox"/> Graduation <input type="checkbox"/> Transfer to Other University			
	Temporarily Absence	<input type="checkbox"/> On-Leave <input type="checkbox"/> Exchange Student			
Advisor's Information	This section is only valid for the students who "transfer to the other universities or leave by their own will"				
	Advisor's Name				
	Advisor's Comments				
	Signature		Date of Signature		

Requirements Tracking

Unit	Name of the Correspondence	Signature	Date of the Signature
Information Center			
Faculty Administration			
Library			
Graduation Expenses			
Accommodation and Health Services			
Alumni Association (if reason of cancellation is graduation)			
Photocopy Center			
Finance			
Student Resources			

Student Approval

Due to reasons stated above I would like to cancel my enrolment and take back the following documents			
Documents taken back			
Student's Signature		Date of Signature	