

UNIVERSITY WITHDRAWAL FORM



Student Data

FULL NAME:			
ID:	COLLEGE:	DEPT./MAJOR:	
Semester/Term: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CAMPUS: Abu Dhabi <input type="checkbox"/> Al Ain <input type="checkbox"/>		
HOME NUMBER:	MOBILE NUMBER:	E-MAIL:	

General Information

The student must complete the following information

Clearance for Locker Key:	Confirmed Deposit Returned:	Locker Number:	Signature:
Clearance for ID Card:	Confirmed:		Signature:
Clearance from Library:	Confirmed:	Library Fine:	Signature:
Clearance from Financial Department:	Confirmed:		Signature:
Amount of Tuition Refund:	Amount:	Due Date:	Signature:
Indicate Reason for Withdrawal:	Personal/Family <input type="checkbox"/>	Medical <input type="checkbox"/>	Transfer <input type="checkbox"/>
			Other, please specify: _____

Original Documents Received By Student:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Copies in file Processed in the system

Comments

Authorization

I hereby acknowledge that I have formally withdrawn and will not continue to study in Abu Dhabi University	Student's Signature:	Date:
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Registrar's Office Authorization

Received by:	Date:
Registration Operator:	Date: