



University Withdrawal Form

Student ID	Student Name
Mobile #	AURAK Email

Step # 1: University Withdrawal (*I wish to completely withdraw from the AURAK*)

Semester of Withdrawal: Fall Spring Year: _____

Are you registered in this semester? No

Do you intend to return to AURAK at some points in the future? _____

Step #2:

Reason for leaving:

Financial reasons	Family reasons
Health reasons	If transferring to another institution, please write down the institution name and the reasons
Student social life	
Academic reasons	

Students must pass by the following departments to clear their records:

Department	Item	Signature	Date
Library			
Dean of Student Services and Enrollment Management			
Administration	VISA		
Financial Aid and Alumni Affairs	Scholarship		
Office of Finance			
IT	ID card		

Student's Signature: _____ Date: _____

Dean's Signature : _____ Date: _____

Received by: _____ Date: _____

Department of Registrar