ARD-Form 11



Student Withdrawal Form

7	For Student Use				
	College of:	Concentration:		Semester:	
	Student Name:			Student ID:	
	Home Address:				
	Contact Tel:	Mobile:	Email:		
7	Student:				
	I hereby confirm that I have WITHDRAWN from the University for the following reasons:				
	☐ Transfer to another university "Name:"				
	□ Travel				
	☐ Other, please specify ""				
	Student Signature: Date: / /				
\supset	For Official Use				
	IT. Center				
7	It is confirmed that the student handled over his/her email password				
		gnature:	D	ate: / /	
3	Library Center	gnature.	D	atc. / /	
n	It is confirmed that the student has no obligations regarding borrowing books and other library resources.				
	_	gnature:		ate: / /	
	Student Services	<u>6</u>			
1)	It is confirmed that the mentioned student has handled over his/her:				
	Name: Si	gnature:	Da	ate: / /	
	Finance Department				
X	It is confirmed that all the financial settle	ements have been completed.			
	Name: Si	gnature:	Da	ate: / /	
Ŋ	Approved and signed by the Dean of the College				
		gnature:		ate: / /	
	Admissions & Registration Department-Student Transaction Officer (e-system confirmation)				
It is confirmed that the mentioned student's file has been updated accordingly.					
\mathbf{r}		gnature:	Da	ate: / /	
ה ה	Admissions & Registration Department (Student Records Officer)				
It is confirmed that the student has been given the original copy of his/her final transcripts and documents. Name: Signature: Date: /					
		gnature:	D	ate: / /	
	Student Pledge I certify that I received all the official/original documents from the university.				
5	Name: Signature: Date: /				
	Name.	gnature.	Di	aic. / /	