



UNIVERSITY OF KURDISTAN HEWLÊR

ACADEMIC REGISTRAR'S OFFICE

Serial No

WITHDRAWAL FORM

Student Name: Student ID Number: Contact Number: UKH Email Address: Department: Level: Major:

REASON OF WITHDRAWAL (BRIEFLY EXPLAIN WHY YOU WANT TO WITHDRAW FROM UKH)

Dashed lines for writing the reason of withdrawal.

Student's Signature: Date:

CHAIR OF DEPARTMENT 'S APPROVAL

Approved Rejected

Recommended action if needed:

Dashed lines for recommended action.

Chair of Department Name & Signature Date

ACADEMIC REGISTRAR'S APPROVAL

Approved Rejected

Recommended action if needed:

Dashed lines for recommended action.

Academic Registrar's Name & Signature Date

FOR ARO USE ONLY

Received by: Name of ARO Staff & Signature Date