



WITHDRAWAL FORM

Serial No. _____

Withdrawal after the second week of the semester incurs **FULL PAYMENT OF FEES** for the semester.

I. Student Details

Student Name : _____ Student ID No : _____
Mobile No : _____ UKH Email : _____
Degree : _____ Level : UG PG

II. Request Details

- Transferring to another university within the country
- Transferring to another university outside of the country
- Employment / Work
- Lack of Funds
- Sickness / Illness
- Others (Please specify) _____

Student's Signature : _____ Date : _____

III. Academic Department's Approval

Accepted Rejected

Approval of Chair : _____ (Name) _____ (Signature) _____ (Date)

Approval of Dean : _____ (Name) _____ (Signature) _____ (Date)

IV. Academic Registrar's Recommendation

Accepted Rejected

Conditions of Acceptance : _____

Registrar : _____ (Name) _____ (Signature) _____ (Date)

For Official Use Only

Received by ARO Staff : _____ Date : _____

Office of the Academic Registrar / Mobile: +964 750 857 8844 - 33 / Email: admissions@ukh.edu.krd