



Postponement Request

Student full name: _____

Student ID: _____

Enrollment Year: _____

Current academic year: _____ Postpone Stage: _____

Department: _____

CUE E-mail Address: _____

Personal E-mail Address: _____

Reasons for postponement: Choose one of the following.

- | | |
|--|---|
| <input type="checkbox"/> Academic Reason | <input type="checkbox"/> Financial Reason |
| <input type="checkbox"/> Health Reason | <input type="checkbox"/> Other |

Briefly explain your reason for postponement below. You may attach documents if you have:

- No student shall postpone studies for more than (2) academic years and not more than once at any given level.
- If students repeating or carrying forward some Subjects/modules must list them below, indicating the semester of offer.

1. _____

2. _____

Student Signature: _____

Date: / /

Telephone No: +9647506013333 or +9647509013333

Website: www.cue.edu.krd

Address: Baharka Road – Ankawa, Erbil – Iraq

App Code: CUE 001



- **Confirmation by student affairs dep:**

Signature: _____

Date: / /

- **Decision CUE Council**

Request Granted:

Request Not Granted

Signature: _____

Date: / /