

## Student Withdrawal Request

This form is for the purpose of cancelling your registration and is valid only if you satisfy all applicable University regulations and properly stamped or signed by Registrar's Office. Once completed, it must be returned to registrar's office. The information of this form is collected under the authority of the University.

I am \_\_\_\_\_ enrolled at catholic university in Erbil for academic year \_\_\_\_\_

College of: \_\_\_\_\_

Department of: \_\_\_\_\_

Student ID: \_\_\_\_\_

CUE Email: \_\_\_\_\_

I'm requesting to cancel my registration at CUE for the current academic year \_\_\_\_\_ stage \_\_\_\_\_

for the purpose of

Joining another university

Finance issue

Employment / Work

Sickness / Illness

Other reason (Please specify)

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I hereby certify that I have read and understood this form and I accept all of its terms. I confirm that I shall notify the registrar's office of any changes to my details immediately. I hereby withdraw with acknowledge that all the information provided above is correct.

Student Name: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_.

Student Signature: \_\_\_\_\_.

Date:     /     /

**Nonacademic\Academic Registrar's Recommendation**

Conditions accept \ not accept

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**Signed by:**