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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|
|  <b>CUE</b><br><b>CATHOLIC</b><br><b>UNIVERSITY</b><br><b>IN ERBIL</b> | <b>STUDENT WITHDRAWAL<br/>REQUEST</b> | FORM NUMBER: SA-FR-001                                    |
|                                                                                                                                                        |                                       | EFFECTIVE DATE: Jul-15 2025<br>REVISION DATE: Jul-15 2028 |

|                                                                                                                                                                                                                             |                                                                                                                                                                                                              |
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| <p>This form is to be completed by students seeking complete withdrawal from CUE in keeping with the Registration and Withdrawal Policy.</p> <p>The form is to be submitted to the head of Enrollment and Registration.</p> |                                                                                                                                                                                                              |
| <b>IDENTIFYING INFORMATION</b>                                                                                                                                                                                              |                                                                                                                                                                                                              |
| Full name                                                                                                                                                                                                                   |                                                                                                                                                                                                              |
| Student ID #                                                                                                                                                                                                                |                                                                                                                                                                                                              |
| Enrollment year                                                                                                                                                                                                             |                                                                                                                                                                                                              |
| Current academic year                                                                                                                                                                                                       |                                                                                                                                                                                                              |
| Department                                                                                                                                                                                                                  |                                                                                                                                                                                                              |
| CUE email address                                                                                                                                                                                                           |                                                                                                                                                                                                              |
| Personal phone number                                                                                                                                                                                                       |                                                                                                                                                                                                              |
| <b>WITHDRAWAL</b>                                                                                                                                                                                                           |                                                                                                                                                                                                              |
| Reason(s) for withdrawal                                                                                                                                                                                                    | <input type="checkbox"/> Joining another university<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Financial<br><input type="checkbox"/> Health<br><input type="checkbox"/> Other: _____ |
| Please briefly explain your reason for withdrawal (you may attach documents as needed)                                                                                                                                      |                                                                                                                                                                                                              |
| <b>STUDENT SIGNATURE</b>                                                                                                                                                                                                    |                                                                                                                                                                                                              |
| 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 Enrollment and Registration Office of any changes to my details                                 |                                                                                                                                                                                                              |

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|                                                                                                                                   |                                       | EFFECTIVE DATE: Jul-15 2025<br>REVISION DATE: Jul-15 2028 |

immediately. I hereby withdraw and deregister with acknowledgement that all the information provided above is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

#### ENDORSEMENT BY THE ENROLLMENT AND REGISTRATION OFFICE

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I endorse the above Student Withdrawal Request and hereby withdraw and deregister the aforementioned student from CUE.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

#### RETURN TO THE ENROLLMENT AND REGISTRATION OFFICE