AL-KAWTHAR UNIVERSITY | الكوثر

AKU/Reg/2024/10/18/001

Application to Withdraw from the University

Student Information

Student Applicant No _____ Student Name _____

Semester _____ Session FALL / SPRING

Program _____ Faculty_____

Reason for Withdrawal:

_____

_____

_____

_____	_____	_____
Date	**Student's Signature**	**Academic Advisor Name, Stamp & Signature**

_____ _____

HoD's Approval **Dean's Approval**

_____ _____

Director Finance **Registrar**

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Vice Chancellor's Approval