

REGISTRATION DOCUMENTS WITHDRAWAL FORM

I. STUDENT INFORMATION

First Name :

Surname :

Student ID:

Faculty:

Department :

Contact Adress :

Phone:

e-mail :

II. STUDENT DECLARATION

I hereby certify that I have withdrawn the original _____ from Registrar's Office. I further understand and agree that in case of not returning back the relevant document till _____ otherwise I accept all the sanctions that may be undertaken by the University.

Student's Signature:

Date:

Registrar's Office use Only

Date :