

## Termination of Enrolment Request

### I. STUDENT INFORMATION

First Name :

Surname :

Student ID:

Faculty: FAE / FEAS

Department :

Program: Bachelor / Integrated Second Cycle / MSc. / PM. / PhD.

Cell-Phone:

e-mail :

### II. REQUEST

I wish to terminate my enrolment according to the "Educational and Examination" Regulation of Epoka University, Student Learning and Financial Agreement

Sincerely,

Academic Year: \_\_\_\_\_

Term : \_\_\_\_\_

### III. REASON FOR REQUESTED LEAVE

- Unable to cope with studies
- English language difficulties
- Financial difficulties
- Medical reasons
- Abroad Education
- Graduated
- Others (please specify):.....

- 1- Students will submit this document to the executives of each department below and take their signatures.
- 2- Each department's executive will write his/her comment in the space given below
- 3- Registrar's Office will not admit this document if any of the frames below is not filled properly.

#### **IV. SIGNATURE OF THE EXECUTIVES**

The applicant is not subject to any financial and juridical obligation in our unit.

1- Dean of Students		if yes, please specify No <input type="checkbox"/> Yes <input type="checkbox"/>
2- Finance Office		if yes, please specify No <input type="checkbox"/> Yes <input type="checkbox"/>
3- Library (to be completed by the Registrar's Office)		if yes, please specify No <input type="checkbox"/> Yes <input type="checkbox"/>
4- Registrar's Office		if yes, please specify No <input type="checkbox"/> Yes <input type="checkbox"/>

I declare that I have received all my registration documents submitted at Registrar's Office of Epoka University.

Student's Signature:

Date:

Registrar's Office use Only

Date :