

STUDENT WITHDRAWAL FORM

Please complete all items on this form, obtain the signature from the academic advisor, the faculty member and the Department of Finance and finally return it to the Department of Academic Affairs. **Students may apply for withdrawal until the last day of classes.**

Student Name	
Student Number	
Programme of Study	
Semester <i>(Please ✓ where appropriate)</i>	<input type="radio"/> FALL 20..... <input type="radio"/> SPRING 20..... <input type="radio"/> SUMMER 20.....
Course Code/Title	
Faculty Member Name	
Reason for Withdrawal	

STUDENT STATEMENT: I hereby fully realize that if I withdraw from a specific course during the academic year, The University of Nicosia cannot and will not guarantee that this course will be offered in future semesters and on such time period, so as to enable me satisfy the course requirements of my degree program.

Student's Signature **Date**

PLEASE COLLECT THE APPROVALS REQUIRED BELOW

APPROVED BY THE ACADEMIC ADVISOR Academic Advisor Signature Date	YES <input type="radio"/> NO <input type="radio"/>
APPROVED BY THE FACULTY MEMBER Faculty Member Signature Date	YES <input type="radio"/> NO <input type="radio"/>
APPROVED BY THE DEPARTMENT OF ACADEMIC AFFAIRS Academic Affairs Signature Date	YES <input type="radio"/> NO <input type="radio"/>
APPROVED BY THE FINANCE DEPARTMENT Finance Signature Date	YES <input type="radio"/> NO <input type="radio"/>

PLEASE RETURN THIS FORM TO THE DEPARTMENT OF ACADEMIC AFFAIRS