



Komar University of Science and Technology

Office of Student Affairs & Registration

Ethics—Knowledge—Skills

Course Withdrawal Form

Student Name:

Student ID:

Semester:

Department:

Email:

Phone No:

Course Name	Credit Hours	Acting Chair Comment	
		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Student Signature and Date:

Chair Signature and Date:

OSAR Signature and Date: