



Komar University of Science and Technology

Office of Student Affairs & Registration

Ethics—Knowledge—Skills

Form of Withdraw from KUST

Student ID:

Student Name:

Department:

Email:

Phone Number:

I Request to withdraw from Komar University of Science and Technology starting from -----
----- In making this request, I understand that I have the right grades
earned during my enrollment and no right to any financial compensation from the
University.

MHER Order No:

Date:/...../.....

Student Signature and Date:

Witnessed by OSAR Member
(Name/Position/ Date)