

**Student Name:** 

**Student Code:** 

**Department:** 

**Phone No.:** 

**Email:** 

## **Komar University of Science and Technology**

زانكۆى كۆمار بۆ زانست وتەكنەلۆجيا

and Registration

نوسینگهی کاروباری فیرخواز و Office of Student Affairs تۆماركردن

Ethics—Knowledge—Skills

## **Course Withdrawal Form Spring 2023 Semester**

No.	Course Name	СН

**Student Signature and Date** 

**Chairperson Signature and Date** 

**OSAR Signature and Date**