



Komar University of Science and Technology

زانكۆی كۆمار بۆ زانست و ته كنه لۆجيا

Office of Student Affairs
and Registration

نوسینگه ی کاروباری فیڤخواز و
تۆمارکردن

Ethics—Knowledge—Skills

Form of Withdraw From KUST

Student Name:

Student Code:

Department:

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 to have the grades earned during my enrollment and no right to any financial compensation from the university.

Library Signature and Stamp:	Accounting Office signature and Stamp:
OSAR Signature and Stamp:	Lab Unit Signature and Stamp
Student Signature and date:	Reason of withdrawn: