



# American University of Ras Al Khaimah

## University Withdrawal Form

Student ID	Student Name
Mobile #	AURAK Email

**Step # 1:** University Withdrawal (*I wish to completely withdraw from the AURAK*)

Semester of Withdrawal:  Fall  Spring Year: \_\_\_\_\_

Are you registered in this semester?  Yes  No

Do you intend to return to AURAK at some points in the future? \_\_\_\_\_

**Step #2 :**

**Reason for leaving:**

Financial reasons	Family reasons
Health reasons	If transferring to another institution, please write down the institution name and the reasons _____
Student social life	
Academic reasons	

**Students must pass by the following departments to clear their records:**

Department	Item	Signature	Date
Library			
Student Affairs			
Administration	VISA		
Financial Aid and Alumni Affairs Office	Scholarship		
Accounts			
IT	ID card		

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Registrar