

SEMESTER:

WEEK:

WITHDRAWAL FROM THE UNIVERSITY

REG.NO: **NAME:**

| COURSE CODE | SECTION | CREDITS | REMARKS |
|-------------|---------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please choose the reason(s) for your withdrawal from the University:

- | | |
|--|---|
| <input type="checkbox"/> Academic difficulties | <input type="checkbox"/> Postponed education |
| <input type="checkbox"/> Dissatisfied with University | <input type="checkbox"/> Work related |
| <input type="checkbox"/> Dissatisfied with curriculum | <input type="checkbox"/> Cost/ Financial problem |
| <input type="checkbox"/> Dissatisfied with campus services | <input type="checkbox"/> Health problem |
| <input type="checkbox"/> Dissatisfied with community | <input type="checkbox"/> Personal or family problem |
| <input type="checkbox"/> Programs/ major desired not available | <input type="checkbox"/> Transfer to another University |
| | <input type="checkbox"/> Other |

Comments:

.....

.....

.....

.....

Do you plan on returning to European University Cyprus?

Yes, which Semester No Not Sure

ALL withdrawals are subject to the tuition charged policy listed below:

| FALL & SPRING SEMESTERS | | SUMMER SESSION | |
|--|-----------------|--|-----------------|
| TIME OF WITHDRAWAL | TUITION CHARGED | TIME OF WITHDRAWAL | TUITION CHARGED |
| <i>Before classes start</i> | 0% | <i>Before classes start</i> | 0% |
| <i>During the 1st week of classes</i> | 20% | <i>During the first 3 Days of Classes</i> | 20% |
| <i>During the 2nd week of classes</i> | 30% | <i>During the second 3 Days of Classes</i> | 50% |
| <i>During the 3rd week of classes</i> | 50% | <i>After the 7th Day of Classes</i> | 100% |
| <i>During the 4th week of classes</i> | 75% | | |
| <i>After the 4th week of classes</i> | 100% | | |

I understand that by signing the form, I am withdrawing from course(s) for the semester specified and I am obliged to settle any outstanding financial obligations to the University.

STUDENT SIGNATURE: **DATE:**

| | |
|---------------------------------------|--------------------|
| For office use only: | |
| STUDENT ADVISOR: | DATE: |
| OFFICE OF THE REGISTRAR: | DATE: |

Thank you very much for completing this form!