



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:

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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
Before classes start	0%	Before classes start	0%
During the 1 st week of classes	20%	During the first 3 Days of Classes	20%
During the 2 nd week of classes	30%	During the second 3 Days of Classes	50%
During the 3 rd week of classes	50%	After the 7 th Day of Classes	100%
During the 4 th week of classes	75%		
After the 4 th week of classes	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 BURSAR:	DATE:
OFFICE OF THE REGISTRAR:	DATE:

Thank you very much for completing this form!