

**SEMESTER:** .....

**WEEK:** .....

## WITHDRAWAL FROM THE UNIVERSITY

**REG.NO:** ..... **NAME:** .....

COURSE CODE	SECTION	CONTACT UNITS	REMARKS

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

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

<b>FALL &amp; SPRING SEMESTERS</b>		<b>SUMMER SESSION</b>	
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 1<sup>st</sup> week of classes</i>	20%	<i>During the first 3 Days of Classes</i>	20%
<i>During the 2<sup>nd</sup> week of classes</i>	30%	<i>During the second 3 Days of Classes</i>	50%
<i>During the 3<sup>rd</sup> week of classes</i>	50%	<i>After the 7<sup>th</sup> Day of Classes</i>	100%
<i>During the 4<sup>th</sup> week of classes</i>	75%		
<i>After the 4<sup>th</sup> 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:** .....

<b>For office use only:</b>	
<b>STUDENT ADVISOR:</b> .....	<b>DATE:</b> .....
<b>OFFICE OF THE REGISTRAR:</b> .....	<b>DATE:</b> .....

**Thank you very much for completing this form!**