

Kingdom of Saudi Arabia
Ministry of Education
Shaqra University
University Agency for Postgraduate
Studies and Scientific Research
Executive Management of Graduate
Studies

## Postgraduate Withdrawal Form

(According to Article 11 of the Executive Regulations governing educational programs with tuition fees)

	Stud	ent	data:
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	Student's name			University number			
	Nationality			College			
	Section			Academic degree			
	The student's academ	nic degree Master's PhD					
	Bank account number	Bank account number (IBAN)					
	Registration date Beginning of the semester First and second semester of the academic year 14/14 AH						
	L	1		<del>-</del>	I		
	mand:						
۷i	thdrawal from the p	rogram	•••••	Semester	••••••		
ro	m the academic yea	r	•••••				
ſhi	s is for the following	g reasons:					
	ne signature			Application submission date			
Эp	inion Executive Mar	nagement c	of StudiesHigh:				
· • • •			•••••	•••••			

SU-DGS-ST-F001

 $<sup>\</sup>hbox{^*Attach a copy of the civil registry and payment receipt with the withdrawal request.}$