AMERICAN UNIVERSITY OF IRAQ, SULAIMANI
زانکۆی ئەمریکی لە عێراق، سلێمانی | الجامعة الأمريكية في العراق، السليمانية

APP WITHDRAWAL REQUEST FORM

AUIS / ACADEMIC PREPARATORY PROGRAM

01 STUDENT AND REQUEST INFORMATION

Student full name: _____	Student ID: _____
AUIS email: _____	Phone: _____
Submission date: _____	Requested effective date: _____

02 REASON FOR WITHDRAWAL

Please describe your reason(s) for withdrawal:

_____

_____

Important: Withdrawal results in loss of your AUIS seat. Future attendance requires a new application and completion of the admissions process.

03 DEPARTMENTAL CLEARANCE

Office / location	Required verification	Signature / date
Library B-G-32	Return borrowed books Authorized: Library Manager	Signature: Date:
Scholarship Office A-G-38	Scholarship/sponsored students only Authorized: Scholarship Office	Signature: Date:
APP Director B-F2-37	Confirm no outstanding academic/grade appeals or behavioral/academic integrity matters Authorized: APP Director	Signature: Date:
Student Services A-B1-37	Return office/entertainment rentals; resolve fees, keys, lockers Authorized: Student Services	Signature: Date:
FMD Department A-B1-39	Room check-out, if applicable Authorized: FMD	Signature: Date:
Finance A-G-37	Settle outstanding debts and fees Authorized: Bursar	Signature: Date:

04 STUDENT ACKNOWLEDGMENT

I understand that withdrawal from AUIS means I will lose my seat. If I wish to return in the future, I must reapply and complete the admissions process. I request withdrawal effective on the date recorded above.

Student signature: _____	Date: _____

05 REGISTRATION AND RECORDS OFFICE — OFFICIAL USE (A-G-38)

☐ Student ID card returned ☐ Completed form received ☐ High school certificate / other official documents released (as applicable) s

Registration and Records Director:	Signature / date:
Processed by:	Processed on: