



Dubai campus

## SEMESTER WITHDRAWAL FORM

(Continuing student)

Registration Number: \_\_\_\_\_

Semester & Year: \_\_\_\_\_

Name: \_\_\_\_\_

Reason for withdrawing: \_\_\_\_\_  
\_\_\_\_\_

I avail the visa sponsorship facility from SZABIST Dubai: **Yes / No**

### IMPORTANT NOTE:

- 50 % of the tuition fees are refundable if you apply for withdrawal before the 4<sup>th</sup> week.
- 25 % of the tuition fees are refundable if you apply for withdrawal between 4<sup>th</sup> and 8<sup>th</sup> week.
- No amount will be refunded after 8<sup>th</sup> week.
- No semester withdrawal is allowed after 12<sup>th</sup> week.

\_\_\_\_\_  
Student's Signature & Date

-----Do not write beyond this section-----

(For Office use only)			
Program Manager	Academic Controller	Finance Officer	Records Controller
Semester Withdrawal Approved: Yes/No			
Remarks: _____ _____	Remarks: _____ _____	Remarks: _____ _____	Remarks: _____ _____
_____ Signature and Date	_____ Signature and Date	_____ Signature and Date	_____ Signature and Date