

Withdrawal from AUK

This form must be submitted to the Office of the Registrar. It is recommended that you check the University's refund schedule prior to submitting this request

Student Name: Last Fa	irst Middle
Student ID Number S 0 0 0	
Are you a Scholarship Student? YES	NO Phone number:
☐ Declared ☐ Undeclared	
Withdraw me from AUK effective the following semester:	
Fall Spring Summer Year	2 0
I am requesting complete withdrawal from AUK for the following reason(s):	
Personal reasons Transfer to another institution in Kuwait (please name)	
Financial reasons Transfer to another institution abroad (please state country)	
Other (please explain):	
transferable towards the degree program. AUK Staff use only Exit Interview Comments/Remarks:	
Student's Signature & Date	Scholarship Office (All Students) Signature & Date
Academic Advising Center Signature & Date	Library (All Students) Signature & Date
Department Chair (Declared Students) Signature & Date	Finance Department (All Students) Signature & Date
Dean's Signature & Date (CAS Dean for undeclared)	RO USE ONLY:
Office of the Registrar	Processed by:
American University of Kuwait Tel: + (965) 224 8399 ext. 3164	(Initials) Date:
曷 Fax: + (965) 2571 5891	

Last Modified: May, 2014