

* As this form entails an important decision, we can only accept the paper copy of this form signed by the student himself/herself.

Student ONLY: (This section should be completed by the student)

Full Name
(Based on your passport)

TUMS Student Number **Passport Number**

Program of Study
(Level & Major)

Last Date of Attendance
(Active studies)

I confirm that I have expelled from **the International Campus (IC)**

I would like someone from the university to contact me to give further information/advice: **YES** **NO**

Signature **Date** / /

Office ONLY: (This section should be completed by the relevant office)

Reason(s) for Expulsion

- Three (3) consecutive conditional semesters
- Four (4) alternative conditional semesters
- Failing in comprehensive examination
- Long absences from the university
- No registration for academic semester at the university

Other Reasons:

<p>Dean of TUMS International College</p> <p>Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>Signature: _____ Date: _____</p>	<p>TUMS Int'l Campus, Vice-Dean for Educational Affairs</p> <p>Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>Signature: _____ Date: _____</p>
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