

* 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 pass	sport)			
(Dased on your pas	sport)			
TUMS Student Number		Passpor	t Number	
Program of Study (Level & Major)				
Last Date of Attendance (Active studies)	DD MM YY]		
I confirm that I ha	we expelled from the International Camp	ous (IC)		
I would like someone from the university to contact me to give further information/advice: YES \square NO \square				
Signature		Date	DD / MM / YY	
Office ONLY: (This section should be completed by the relevant office)				
Reason(s) for Expulsion		If necessar	If necessary, please explain	
$\Box \text{ Threee (3) consecutive conditional semesters}$			If necessary, please explain	
\Box Four (4) alternative conditional semesters				
□ Failing in comprehensive examination		If necessary, please explain		
□ Long abcesnces from the university		If necessar	If necessary, please explain	
\Box No registeration for academic semester at the university		If necessar	If necessary, please explain	
Other Reasons:	If necessary, please explain			
Dean of TUMS International College TUMS Int'l Campus, Vice-Dean for Educational Affairs				
Approved Disapproved .		Approved Disapproved D		
Signature:	Date:	Signature:	Date:	

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