

Your departure will be confirmed upon receipt of a signed paper form or a digital form from your email.

**Full Name**

(Based on your passport)

**TUMS Student Number**

**Passport Number**

**Program of Study**

(Level & Major)

**Last Date of**

**Attendance**

(Active studies)

 /  / 

**Reason for Leaving**

Academic

Employment

Financial

Health/Disability


Accepted Another Program  
(at TUMS)

Accepted in Another  
University


Other Reasons

Please state

Transfer to Another  
University

Please state which University and which program you are transferring to

I confirm that I am leaving **TUMS International Campus (IC)**

I have obtained the advice/information I need to make this decision:

YES

NO

I would like someone to contact me to give further information/advice:

YES

NO

**Signature**

**Date**

DD / MM / YY

**Dean of TUMS International College**

Approved  Disapproved

**Signature:**

**Date:**

**TUMS Int'l Campus, Vice-Dean for Educational Affairs**

Approved  Disapproved

**Signature:**

**Date:**