**Expulsion from studies Form**

**Student ONLY:**

**Full Name**

**Student number Passport Number**

**Programme of Study**

DD / MM / YY

**Last date of attendance / active study**

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

I would like someone to contact me to give further information/advice – **YES / NO**

DD / MM / YY

**Signed Date**

**For your security, we can only accept this form as confirmation that you are leaving when we receive a signed paper copy.**

**Office ONLY:**

**Reason for Expulsion**

□Threee (3) Consecutive Conditional terms

□Four (4) Alternative Conditional terms

□Failing in Comprehensive Basic Sciences Examination (three times)

□Long abcesnces from the Univeristy

□No registeration for Academic semester at the Univeristy

Other reason

(Please state)

**IC– School of Medicine Educational Coordinator  Approved  Disapproved**

**Name & Signature: Date:**

ستاد مرکزی پردیس بین الملل: تهران، بلوار کشاورز، خیابان فلسطین جنوبی، خیابان دمشق، خیابان برادران مظفر، پلاک 124

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دانشکده داروی سازی: خيابان وحدت اسلامي، ضلع جنوبي پارك شهر، جنب ديوان عدالت اداري، نبش، كوچه شهيد عدالت خواه، تلفن 555761631-021

**IC– School of Medicine Dean/ Vice Dean for Educational Affaires:  Approved  Disapproved**

**Name & Signature: Date:**

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Tttk

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| **فرم تسويه حساب دانشجويان**  **TUMS-IC Students’ Settlement Form** |
| Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in MD / MBBS, She/he has been expelled from the university  □Three (3) Consecutive Conditional terms  □Four (4) Alternative Conditional terms.  □Long absences from the University  □No registration for Academic semester at the University  Other reason  (Please state)  □This is the First time that the student has been expelled from the university.  □This is the Second time that the student has been expelled from the university.  **IC School of Medicine Educational Director of International Students** |
| submitted one copy of his/her thesis to the TUMS-IC Office of Research Affairs on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **IC School of Medicine Vice-Dean for Research Affairs** |
| vacated his/her room, turned in the keys, and returned all original furnishings and accessories on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has **NO** remaining debts to the dormitory.  **TUMS-IC Vice-Dean for Student Affairs TUMS-IC Dormitory Affairs Officer**  **Insurance:** Year, Status, & Persons Under Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dormitory:** Entry Date: \_\_\_\_\_\_\_\_\_\_ Exit Date: \_\_\_\_\_\_\_\_\_\_ **TUMS-IC Cultural Student Affairs Officer** |
| returned all the books/items he/she had borrowed from this library. The last item was returned to this library on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and he/she does **NOT** have any books on loan or any debts.  **Head Librarian** |
| paid all fees in full on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has **NO** remaining debts to this department.  **GSIA Head of Financial Department** |
| submitted below documents to this office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  A) Certificate of English Proficiency B) Permanent Exit Permission  **TUMS Director of International Affairs and Development** |