**Withdrawal from Studies Form**

Please print in block capitals or type

**Full Name**

**Student number Passport Number**

**Programme of Study**

YY

MM

DD

**Last date of attendance**

**Last date of active study**

**Reason for leaving**

Academic Wrong Programme

Employment Wrong university

Financial Moving closer to home

Health/Disability

(Please state)

**Other reason**

**Transferring to another University**

(Please state which University and which programme you are transferring to)

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

I have obtained the advice/information I need to take this decision – **YES / NO**

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 either a signed paper copy, or an electronic version of this form sent from your email address.**

**IC– School of Medicine Educational Manager  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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| --- |
| **فرم تسويه حساب دانشجويان**  **TUMS-IC Students’ Settlement Form** |
| Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in MD / MBBS, according to Her/ His request to withdraw from studies, Her/ His request to withdraw from studies has been agreed.  (Please state)  Reason for Withdrawal    **IC– School of Medicine Education Manager 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** |
| Completed (or is exempted from) the English Language program as a prerequisite of admissions.  **yes**  **no**  Completed (or is exempted from) the Persian Language program.  **yes**  **no**  **Dean of TUMS International College** |
| 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.  **TUMS Head Librarian** |
| paid all fees in full on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has **NO** remaining debts to this department.  **TUMS-IC Head of Financial Department** |
| submitted below documents to this office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  A) Certificate of English Proficiency B) Permanent Exit Permission  **TUMS-IC Director of International Affairs and Development** |