

Registrar Office

Request for Termination of Studies

A. STUDENT GENERAL INFORMATION

a. First Name _____ **b. Surname** _____

b. Student NIM/ID _____ / _____

c. Faculty _____ ; **Department** _____

Study Program _____

Year of enrollment : _____

d. Student Contact

Address _____

Mail : _____

Phone : _____

B. STUDENT REQUEST

To Dean of _____ Faculty

By this letter I kindly ask you to terminate my studies at CIT with specifications as below :

Academic Year : _____

Fall Term/Spring Term _____

Reasons :

1. *Studies Abroad :*
2. *Financial Difficulties :*
3. *English Language Difficulties :*
4. *Medical Reason :*
5. *Other Reason, please specify :* _____

Student's Name Surname Signature

*Received Secretary Faculty
Name Surname Signature*

*Received by Registrar
Name Surname Signature*

Date ____/____/____

