

SEMESTER WITHDRAWAL FORM

(Continuing Student)

Registration No:		Semester & Year:	
Name:			
Reason for withdrawing: _			
I avail the visa sponsorsh	ip from SZABIST Dubai:	Yes/ No	
SEMESTER WITHDRA	WAL POLICY:		
 25% of the tuition : 100% of the tution No semester withdom	fees to be paid if you apply fees to be paid if you apply fees to be paid if you appl rawal is allowed after 12 th v e as per U.A.E Federal Tax	for withdrawal between the y for withdrawal after 8 th www.	e 4 th and 8 th week.
		St	udent's Signature & Date
	Do not write beyo	nd this section	
(For Office use only)			
Program Manager Course Withdrawal	Academic Controller	Finance Officer	Records Controller
Approved: Yes/No			
Remarks:	Domarka	Domarka	Damarka
	Remarks:	Remarks:	Remarks:

Signature and Date

Signature and Date

Signature and Date

Signature and Date