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| REQUEST FORM FOR WITHDRAWAL OF GLOBAL ABROAD PERIOD |
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| **PERSONAL INFORMATION** | | |
| Surname / Name | |  |
| Faculty / Department | |  |
| Student ID No | |  |
| E-mail | |  |
| Phone Number (Home) | |  |
| Mobile | |  |
| **STUDY ABROAD PERIOD AT HOST UNIVERSITY** | | |
| Host University | |  |
| Period of Admission | |  |
| **ATTACHMENT** | | |
|  | | |
| **REASON FOR RELINQUISHMENT (Brief explanation)** | | |
|  | | |
| **STUDENT SIGNATURE** | | |
| **Date** | **Signature:** | |