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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:** |