**Request Form for Termination of Studies**

**Section 1: Applicant Request**

**To be completed by the applicant (Section 1 only).**

**Please fill each of the following fields, otherwise we cannot respond to your request.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **Student ID:** | | |  | |
| **Study Program:** |  | | **GPA:** | | |  | |
| **Email Address:** |  | | **Contact Number:** | | |  | |
| **Year of Admission to GTIIT:** |  | | **Requested Date of Termination (yyyy/mm/ dd):** | | |  | |
| Please refer to the*Undergraduate Studies - Rules and Regulations* *and Regulations of Student Status Management* on Moodle before submitting the request. | | | | | | | |
| **Reasons for Termination:** | 🞎 Study difficulties | | | | | | |
| 🞎 Having difficulty adapting campus life | | | | | | |
| 🞎 Study abroad | | | | | | |
| 🞎 Family issue | | | | | | |
| 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Detailed reasons for termination:** | | | | | | | |
| **Student Declaration:**  I hereby declare that I have read, reviewed and understood the relevant rules and regulations. If the deferral is approved, I will abide by its conditions. I understand that my scholarship can be influenced by this request. I have consulted with an advisor before I submit the request.  I hereby declare that all the above information is true. If there is any false detected, I would like to undertake all corresponding responsibilities.  I acknowledge that I cannot resume my studies after termination of studies. | | | | | | | |
| **Signature of Student:** |  | | | | **Date:** | |  |
| **Signature of your parents or guardian:** |  | **Relation:** | |  | **Date:** | |  |
| \*Please note that your parents or guardian will be notified if you request to terminate your studies. | | | | | | | |

**Please email the completed form to Undergraduate Studies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2: School Recommendation**

**To be completed by the head of the study program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Staff Member:** |  | | |
| **Position:** |  | | |
| **Recommendation:** | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |

**Section 3: Dean Authorization**

**To be completed by the Dean.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Section 4: VC Authorization**

**To be completed by the VC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |