

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	
Adress _____	
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	
_____	_____
Receved Secretary Faculty Name Surname Signature	Receved by Registrar Name Surname Signature
_____	_____
Date ____/____/____	