

Withdrawal from Zayed University

Student Data

Y E A R	01	Fall Semester	ID
Y E A R	02	Spring Semester	

Current Mailing Address – Used for all correspondence. Please inform us of your current mailing address.

Name in English		
Name in Arabic		
P. O. Box Number	City	
Emirate:	Home Phone:	
	Mobile Phone:	
	E-Mail:	

General Information

The student must complete the following information:

Return Locker Key	Confirmed	Signature:	Student Services	
Return ID Card	Confirmed	Signature:	SPACMNT/RR	ZUC ID # PPR?
Return Textbooks				
Return Library Books	Confirmed	Signature	Review SOAHOLD	
Indicate Reason for Withdrawal	Personal/Family Other: Specify	Medical Transfer	SHAINST (previous term)	Withdrawal Rsn PR, MD, etc.

The University must complete the following information:

Groupwise/Novell	Send E-mail to Helpdesk	Date:	
Laptop	Personal or FA?	SPACMNT Ser#	
Registration	DD/RR Courses RR Eligibility for Registration	SFAREGS	
General Student Information	RR Current Term Past terms correct? RR Academic Advisor, Name:	SGASTDN	
Hold	SH	SOAHOLD	
Parent or Legal Guardian Name Contact Number			
Signature			Date:
Academic Advisor			

Authorization

I hereby acknowledge that I have formally withdrawn and will not continue to study at Zayed University.

Student's Signature	Date
Registrar's Office	Date