



**Kıbrıs Batı
Üniversitesi**
"Geleceğine Yön Ver"

**Cyprus West
University**
"Give Direction for Your Future"

Leave of Absence Form

Instructions

This form should be used only if you intend to take a leave of absence from Cyprus West University.

STUDENT INFORMATION

Student Number:

First Name:

Last Name:

Department:

Telephone:

Email:

Current Address:

LEAVE OF ABSENCE INFORMATION:

Leave Begin Date: Fall Spring

NOTE: Leave of Absence are granted for one semester only.

Reason for Leave of Absence:

Academic

Moving

Financial

Visa

Medical

Other

Detailed Explanation:

STUDENT SIGNATURE/CERTIFICATION:

I am formally requesting a leave of absence from Cyprus West University for the term noted above. I understand that the fee specified according to the decision taken by the board of directors, the frozen fee for the next semester is not refunded or transferred.

I accept that I have no right to terminate and request the remaining fees (if available).

Student Signature:

Date: