

# Student’s Use:

Academic Section

**Indian Institute of Technology Hyderabad**

, Kandi Sanga Reddy

Telangana 502 284

Phone: (040) 2301 6026; Fax: (040) 2301 6026

**Student Withdrawal Form**

Name: Roll No:

Department: Stream:

Date of Joining: Date of Leaving:

Reason for Leaving:-

Are you considering on returning to IITH? Yes / No

If yes, Contact No. : E-Mail Id:

If a student withdraws after the commencement of the Classes, Caution Deposit only will be refunded.

Date: Signature:

# For Department’s use:

Signature of Faculty Advisor/Guide/UG/PG Convener: Date: Name:

Signature of HOD:

Comments:

# For Academic Office use:

Gate Score Card returned Date:

No Dues Submitted Date:

Refund of Fees, if any Rs. Effective Date:

Comments:

## Deputy Registrar (Academics)

**Dean (Academics)**

**DIRECTOR**