Name …………………………………………………student of…………….………….....

Whit ID................., renounce the program status............................ that was granted to the school of ................................. for the course..........................

 Reasons for resignation:

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Date:

Signature:

Send the document to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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