



འབྲུག་རྒྱལ་འཛིན་གཞུག་ལག་སློབ་ཁྲིམས།
 དགེ་ལུ་ཚོང་རིག་མཐོ་རིམ་སློབ་ཤྲ།
 དགེ་ལུ་ཚུ་ཁ་རྫོང་ཁལ།
 ROYAL UNIVERSITY OF BHUTAN
 GEDU COLLEGE OF BUSINESS STUDIES
 GEDU: CHHUKHA DZONGKHAG.



Date:

The Head of School
 Gedu College of Business Studies
 Chhukha | Bhutan

Subject: Request for Withdrawal from College

Respected Sir/Madam,

I, _____ with the approval of my parents, hereby submit this withdrawal form to formally request my withdrawal from Gedu College of Business Studies. Please process this request accordingly.

Personal Information:

- Full Name: _____
- Student Number: _____
- Funding: FS | SF
- Semester Registration Date: ____/____/____
- Major/Program of Study: _____
- Class: _____

For Security Deposit/Refund (If Applicable)

- Bank Account Number(BOB): _____ Account Holder Name: _____

Reason for Withdrawal:

[Please briefly explain the reason(s) for your withdrawal]

Parental Approval:

I hereby acknowledge that my parents, [Parent's Full Name(s)] _____, have been informed about my decision to withdraw from Gedu College of Business Studies and have provided their approval for this withdrawal request. I have carefully reviewed and completed this withdrawal form to the best of my knowledge and belief, with the approval of my parents.

Parents Signature: _____
 Parents Contact Number: _____

Student Signature: _____
 Student Contact Number: _____

For official use (Sign & Seal of Head of School)