

**Withdrawal from the Ad Hoc MS in Applied Statistics Program Form**

|                        |  |
|------------------------|--|
| <b>Full Name</b>       |  |
| <b>ID Number</b>       |  |
| <b>Home Department</b> |  |

**Reason for withdrawing from the Ad Hoc MS in Applied Statistics program**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*For office use*

MS Director notified date: \_\_\_\_\_

TGS notified date: \_\_\_\_\_