

Indian Institute of Technology Hyderabad

Kandi, Sangareddy 502 284, Telangana, INDIA



**PHD ADMISSION WITHDRAW REQUEST FORM**



**Part – A**

**To be filled by the scholar:**

Date: \_\_\_\_\_\_\_\_\_\_

Name of the Scholar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for withdrawing admission (please tick the option):**

(Interpersonal issues / Infrastructure issues / Got admission offer in another Institute / Academic pressure /Health issues / Got job offer / Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What could have been better? (Please provide your inputs):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of the Scholar



**For Office Use (Confidential)**

**Part – B**

**To be filled by the Department based on the Internal meeting conducted with the student:**

Comments of the Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of the Guide & Co Guide (if any) Signature of the DPGC Signature of the HoD

(Faculty Advisor if Guide not allotted)



P.T.O

**Part – C**

**To be filled by the HoD:**

Date of ‘exit interview’: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inputs / Comments of the interview committee (HoD, Dean Academics & Director):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of the HoD Signature of the Dean Academics**

**Signature of the Director**

Copy to the Academic office ([acad.phd@iith.ac.in](mailto:acad.phd@iith.ac.in)).

**Please note:**

* **For withdrawal requests with less than 6 months from date of registration, only Part A and Part B needs to be filled.**
* **For rest of the withdrawal requests, Part A, Part B and Part C needs to be filled.**