TO:

The Secretariat of the

Department of Biology

University of Crete

**WITHDRAWAL REQUEST**

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| --- |
| FULL NAME: |
| REGISTRATION NO: |
| IDENTITY CARD NUMBER: |
| DATE OF ISSUE: |
| ADDRESS OF RESIDENCE |
| ROUTE: N° : |
| CITY P.O: |
| COUNTY: TEL: |

**I request to be removed from the registry of doctoral candidates of the Department of Biology at the University of Crete.**

Date, \_

The applicant

(signature)

I AM SUBMITTING THE ATTACHED DOCUMENTS:

1. Student ID

2. Service Note from the Library of UOC stating that I do not owe books