
(Student's Name and Surname)

International European University,
Ukraine – Malta Campus

(Faculty/School)

(Name of Educational Program)

(Phone Number)

(Email)

(Address)

Official Exclusion Request

I, (Name and Surname), ___ year student of the (Name of School) at the International European University, Ukraine – Malta Campus, am writing to formally request my exclusion from the University due to (the reason of expulsion).

(Date of Submission of the Request)

(Name, Surname, and Signature)