
(Student's Name and Surname)

International European University,
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, 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)