



# COMSATS Institute of Information Technology Wah Cantt

## COURSE DROP FORM

Name: \_\_\_\_\_

Reg No: \_\_\_\_\_

### Course Drop

Course No	Course Title	Credits	Concerned Teacher Name	Concerned Teacher Signature

Give the reason(s) below:

\_\_\_\_\_

\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Signature of Class Counselor: \_\_\_\_\_ Signature of DCO: \_\_\_\_\_

(Progress Report to be attached)

Recommended / Not Recommended By HoD: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_  
(Assistant Registrar, Academics)