



**COMSATS Institute of Information Technology,  
G.T Road, Wah Cantt**

**COURSE WITHDRAWAL FORM**

<b>Name of Student</b>	<b>Registration Number</b>
<b>Department:</b>	<b>Program / Current Semester</b>

It is requested that I may be allowed to withdraw from the following subject(s) during the current semester.

S. No.	Course Code	Subject Title	Signature of Teacher Concerned	Signature of Class Counselors

Total number of courses **Withdrawn** to date including the subjects listed above: \_\_\_\_\_

***My signature below certifies that I understand:***

- ❖ The course fees will not be allowed to roll over and withdrawn course(s) will be mentioned in the transcript as WD.
- ❖ In order to remain a full time student of the Institute, I have registered at least 12 credit hours of course work during this semester.
- ❖ The form will be submitted before or on the deadline for the withdrawal of course as per Semester Calendar.

**Student Signature  
Date:**

**Students will not write below this line**

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➤ **STEP 1: DEPARTMENTAL COORDINATION OFFICER**

Progress Report is attached herewith

**DCO Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

➤ **STEP 2: HEAD OF DEPARTMENT**

Approved and forwarded to the Academic Section for further necessary action.

**Head of the Department Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

➤ **STEP 3: Submission of forms to Academic Section through DCOs**

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**Action Taken By:** Assistant Registrar Academics: \_\_\_\_\_