



SEMESTER WITHDRAWAL FORM

Semester to be withdraw: Fall 20 _____ Spring 20 _____

Name of Student	Registration Number
Department	Student Program / Current Semester

Reason for Withdrawal:
(Indicate the 'serious and compelling' reason for your withdrawal request. If appropriate, attach documentation)

My signature below certifies that I understand:

- ❖ The semester fees will not be allowed to roll over and semester will be mentioned in the transcript.
- ❖ The withdrawn semester will be count towards the maximum permissible number of semesters.
- ❖ The form will be submitted before or on the deadline for the withdrawal of semester as per Semester Calendar.

Student Signature
Date:

Student will not write below this line

➤ **STEP 1: CLASS COUNSELOR:**
I have discussed class performance with the student

Class Counselor Signature _____ **Date:** _____

➤ **STEP 2: DEPARTMENTAL COORDINATION OFFICER:**
For record purpose

DCO Signature _____ **Date:** _____

➤ **STEP 3: HEAD OF DEPARTMENT:**
Approved and forwarded to the Examination Section for further necessary action.

Head of the Department Signature: _____ **Date:** _____

➤ **STEP 4: Submission of form to Examination Section.**