COMSATS Institute of Information Technology
Wah Cantt

COURSE DROP FORM

Name: _______________________________  Reg No: _______________________________

Course Drop

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<tr>
<th>Course No</th>
<th>Course Title</th>
<th>Credits</th>
<th>Concerned Teacher Name</th>
<th>Concerned Teacher Signature</th>
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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)