

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR WITHDRAWAL FROM END SEMESTER EXAMINATIONS NOV./DEC. _____/APR./MAY _____

1.	Name of the Student (in CAPITAL Letters)	
2.	Register Number	
3.	Degree and Branch	
4.	Current Semester	
5.	CGPA till last Semester	
6.	Reason for Withdrawal (Proof to be attached)	
7.	Courses for which the Withdrawal requested	
Sem. No.	Subject Code	Subject Name
8.	Over all Percentage of Attendance (Current Semester)	

Enclosure: Proof

I hereby declare that the information furnished above is true. So far I have not applied for withdrawal of Examinations.

Signature of the Student with Date

Mr./Ms. _____ Reg. No. _____
has secured more than 75% attendance in the current semester. He / She has paid the End Semester Examinations fee. Proof of Withdrawal is verified. He / She is eligible for Withdrawal from the End Semester Examinations for the courses mentioned above as per the Regulations.

Verified and Forwarded

Recommended / Not Recommended

Signature of Class In-charge with date

Head of the Department

Approved / Not Approved

PRINCIPAL

Approved / Not Approved

COE

Note:

- ✓ Application should reach CoE office, at least seven working days before the commencement of the End Semester Examinations of the course(s) to be Withdrawn.
- ✓ Before applying to the Withdrawal from Examinations refer to the Regulations of the Programme and submit the form, if you have a valid reason.