

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR WITHDRAWAL FROM SEMSTER END EXAMINATIONS (SEE) _____ 20__

(PERMITTED ONLY ONCE DURING THE ENTIRE DURATION OF THE PROGRAM)

Name of the Student							
Register Number							
Degree & Branch	B.E./B.Tech./ M.E./M.B.A. & Branch:						
Year of Admission & Semester studying	20_____ & Semester:	Is / Are any Course(s) withdrawn during the previous semester (s)? : Yes* / No					
Reason for Withdrawal from End Semester Examinations (Original Proof to be attached)							
Courses already appeared Examination in this semester	No. of Courses:.....	Course code(s):					
No. of courses to be withdrawn & its course code(s) with examination(s) date & session	Course Code						
	Date of Exam						
	Session						
History of arrear(s) if any:	Yes* / No						

* Not eligible for withdrawal

Encl: 1) Proof for withdrawal of course(s)

2) Exam fee payment receipt

Student's Signature with Date

Signature of the parent

❖ *Application should reach Principal's office, at least one week before the commencement of the examination for the course(s) to be withdrawn*

Recommendation by the Department

Mr/Ms..(Reg. No) has secured more than 75% attendance in all the courses of the current semester . He / She has paid the Semester End Examinations fee and the and the Proof of withdrawal is verified and found to be genuine. He /She is eligible for withdrawal from the End Semester Examination for the all the courses / courses mentioned above, as per the regulations.

Verified
Date: Faculty Advisor/ACO

Recommended
Head of the Department

Approved / Not Approved
PRINCIPAL

Note: Original application with enclosures to be submitted to COE office after getting the approval from the Principal.