

INDIAN INSTITUTE OF TECHNOLOGY DELHI

ACADEMIC & EXAMINATION SECTION (UNDERGRADUATE STUDIES)

APPLICATION FOR SEMESTER WITHDRAWAL

1. Name : _____ 2. Entry No.: _____

3. Programme: _____ 4. Deptt.: _____

5. Hostel: _____

6. Request for semester withdrawal from _____ Semester of Session _____
If any semester withdrawal is taken, pls give details

7. Period of Continuous absence from _____ to _____, number of
teaching days absent _____

Reasons for absence:-

(a) Medical reasons (attach medical certificate) _____

Medical certificate is from (circle one): IIT Medical Officer/ Govt./ State Hospital/
Dispensary/ Private practitioner:

(b) Other reasons (give details) _____

8. Other absence from _____ to _____, number of teaching days
absent _____

Name of Student _____ Signature of Student _____

Phone No. _____

Name of Parent/ Guardian _____ Ph. No. _____

Signature of Parent/ Guardian _____

AFTER COMPLETING THIS APPLICATION AND BEFORE THE START OF THE MAJOR TESTS:

- UG students should submit this form to the Head of Department of the Student's programme.
- PG students should submit this form to Chairperson DRC/CRC/PEC of the Student's programme.

PART B: Recommendation by Head of Department OR Chairperson DRC/CRC/PEC

Application has been made before the start of the Major Test (Circle one): Yes / No

The student's request has been examined.

Semester withdrawal from _____ Semester of Session _____ is
Recommended / Not Recommended

Date: _____ Signature of Head of Department _____
/Chairperson DRC/CRC/PEC

FORWARDED TO: DEAN UGS/ DEAN PGS&R FOR APPROVAL

PART C: Approval by Dean, UGS/ Dean PGS&R

Semester withdrawal from _____ Semester of Session _____ is
Approved / Not Approved

Date: _____ Signature of Dean, UGS/ Dean PGS&R

PART D: For action by UG/ PG Section

Notification No. _____ dt. _____

Information entered into the system on _____ by _____