Request for Temporary Withdrawal from Academic Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name of the Student | : |  | | |
| 2. | Roll Number | : |  | | |
| 3. | Department | : |  | | |
| 4. | Program | : | BTech / MTech / MS / MSc / MPP / PhD | | |
| 5. | Reasons for request  I request for temporary withdrawal from the above program w.e.f. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (Please specify reasons/attach certificate(s) for the request below) | | | | |
|  | Date: | | | Signature of the student | |
| 6. | Remarks by the Institute Medical Officer/GCU Advisor | | | | |
|  | Date: | | | Signature of the Medical Officer | |
| 7. | Remarks from the department (please attach a copy of DC minutes) | | | | |
|  |  | | | Signature of HoD | |
| 8. | Academic Section Remarks  The student may be permitted for temporary withdrawal from the program w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_  The student should report for enrolment in semester (pls specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | JA/JS, Academics | | | | AR/DR, Academics |
|  |  | | | | Approved  Advisor, Academic Courses / Research  Dean, Academic Affairs |

(Page 1 of 1)