

# EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

## SEMESTER DROP APPLICATION FORM | EUF -9

Name of student:	
ID: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Program:	Semester: Spring/Summer/Fall 20 <input type="text"/> <input type="text"/>
Reason(s) for dropping the semester:	
Date: _____ Signature of student _____	
Comments of Student's Advisor:	
Date: _____ Signature of Student's Advisor _____	
Comments of Dean/Advisor/Chairperson:	
Date: _____ Signature _____	
Action by Registrar's Office:	Signature and seal of Deputy Registrar
<input type="checkbox"/> Allowed dropping the semester <input type="checkbox"/> Allowed dropping the semester, registration fee transferred <input type="checkbox"/> Allowed dropping the semester, excess amount deposited to be refunded	
Action taken by Accounts Office:	
<input type="checkbox"/> Registration fee of Tk. _____ transferred to next semester against dropping the semester <input type="checkbox"/> Excess amount of Tk. _____ refunded to student against dropping the semester	
Comments (if any):	
Signature and seal of Director, Finance	