

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

COURSE WITHDRAWAL APPLICATION FORM | EUF -13

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"/>	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"/>													
Program:		Semester: Spring/Summer/Fall 20 <input type="text"/> <input type="text"/>												
Courses you wish to withdraw:		Reason(s) for withdrawing the course(s): (for medical reasons, attach all relevant documents, certified by Medical Consultant of Eastern University): Date: _____ Signature of student _____												
<table border="1"><thead><tr><th>Code</th><th>Course Name</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Code		Course Name	<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"/>	
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Comments of Student's Advisor (attach class attendance sheet of relevant course(s) taken by the student in the semester): Date: _____ Signature of Student's Advisor _____														
Comments of Dean/Advisor/Chairperson: Date: _____ Signature _____														
Comments of Deputy Registrar:	Comments of Registrar:													
 Signature of Deputy Registrar	 Signature of Registrar													
Decision of Vice Chancellor: <input type="checkbox"/> Not approved <input type="checkbox"/> Approved, no fund transfer/refund <input type="checkbox"/> Approved, _____% fund to be transferred/refunded Signature of Vice Chancellor														
Action by Registrar's Office:	Action by Controller of Examinations:	Action by Accounts Office:												
 authorized personnel	 Signature of authorized personnel	 Signature of authorized personnel												