

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

COURSE DROP APPLICATION FORM | EUF-11

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 drop:		Reason(s) for dropping the course(s): (for medical reasons, attach all relevant documents, certified by Medical Consultant of Eastern University):											
<table border="1"><thead><tr><th>Code</th><th>Course Name</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>			Code	Course Name									
Code	Course Name												
Date:		Signature of student											
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:											
Signature of authorized personnel	Signature of authorized personnel	Signature of authorized personnel											