

# EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

## SEMESTER DROP APPLICATION FORM | EUF-10

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"/>	
Program:	Semester: Spring/Summer/Fall 20 <input type="text"/> <input type="text"/>	
Reason(s) for dropping the semester (for medical reasons, attach all relevant documents, certified by Medical Consultant of Eastern University):		
Date: <span style="float: right;">Signature of student</span>		
Comments of Student's Advisor (attach class attendance sheet of all courses taken by the student in the semester):		
Date: <span style="float: right;">Signature of Student's Advisor</span>		
Comments of Dean/Advisor/Chairperson:		
Date: <span style="float: right;">Signature</span>		
Comments of Deputy Registrar:	Comments of Registrar:	
<span style="float: right;">Signature of Deputy Registrar</span>	<span style="float: right;">Signature of Registrar</span>	
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		
<span style="float: right;">Signature of Vice Chancellor</span>		
Action by Registrar's Office:	Action by Controller of Examinations:	Action by Accounts Office:
<span style="float: right;">Signature of authorized personnel</span>	<span style="float: right;">Signature of authorized personnel</span>	<span style="float: right;">Signature of authorized personnel</span>