

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

SEMESTER WITHDRAWAL APPLICATION FORM | EUF-12

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"/>	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"/>	
Reason(s) for withdrawing the semester (for medical reasons, attach all relevant documents, certified by Medical Consultant of Eastern University):		
Date: Signature of student		
Comments of Student's Advisor (attach class attendance sheet of all courses 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