

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

ADMISSION CANCELLATION APPLICATION FORM | EUF -14

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"/>	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"/> <input type="text"/>
Program:	Semester: Spring/Summer/Fall 20 <input type="text"/> <input type="text"/>
Reason(s) for cancelling admission:	
Date: Signature of student	
Comments of Student's Advisor:	
Date: Signature of Student's Advisor	
Comments of Dean/Advisor/Chairperson:	
Date: Signature	
Library Clearance: <input type="checkbox"/> The student has no dues in the Eastern University Library <input type="checkbox"/> The student has dues in the Eastern University Library	
Date: Signature of Librarian	
Comments of Deputy Registrar:	Comments of Registrar:
Signature of Deputy Registrar	Signature of Registrar
Action by Accounts Office:	Action by Registrar's Office: <input type="checkbox"/> Received ID Card from the student
Date: Signature	Date: Signature