

BAHRIA UNIVERSITY _____ CAMPUS

The Head of Department
Bahria University
Karachi Campus

Registration # _____
Enroll # _____
Class/Sec _____

REQUEST FOR WITHDRAWAL OF COURSE(S) - MS/MPhil

Sir, I _____ S/D/W/o _____ Student of class/section _____
would like to drop the following course(s) during Spring / Fall, 20____, as semester.

S. #	Course code	Course Title	Course Instructor Name	Course Instructor's Signature (for info)
i.				
ii.				
iii.				

Above mentioned course(s) is/are Pre-Requisite(s) of following course(s):

S. #	Course code	Course Title	Course belongs to Semester	Remarks
i.				
ii.				
iii.				

The reason for dropping this course is _____

Declaration:

- I understand that the management reserves the right to offer this course(s) I am going to withdraw as and when suits to the university depending upon the availability of faculty and other required facilities.
- I understand that in order to take the course(s) I am going to withdraw, I might have to enroll for an extra semester to take up this course for which management will not be responsible, affidavit
- I understand that I have to complete my all degree requirements within the given maximum allowed period for the program I am enrolled in and for the course(s) I am going to withdraw no extra time will be allowed to me.

Tel # (Res) _____ Mob # _____ E-mail ID _____

Date: _____

Student's Signature

HOD'S OFFICE USE ONLY

The name of the above student has been entered in the withdrawal candidates list.

Approved with full fee Adjustment Approved with half fee Adjustment Approved without fee Adjustment

Date _____ Student Advisor _____ PGP Coordinator _____ Head of the Department _____



STUDENT RECEIPT

REQUEST FOR COURSE(S) WITHDRAWAL (MS / M. Phil / PhD)

Note: (Student should preserve this slip till such time he/she receive his/her Final Transcript)

I _____ S/D/W/o _____ Reg. No. _____ Student of class/section _____ would like to drop the following course(s) during semester Spring / Fall 20____, semester.

Course Title: 1. _____ 2. _____ 3. _____

Approved with full fee Adjustment Approved with half fee Adjustment Approved without fee Adjustment

Date _____ Student Advisor _____ PGP Coordinator _____ Head of the Department _____