



COMSATS University Islamabad

Wah Campus

ACAD 3

SEMESTER WITHDRAWAL FORM

Semester to be withdrawn: Fall20 _____ Spring20 _____

Name of Student	Registration Number
Department	Student Program / Current Semester

Reason for Withdrawal:

(Indicate the serious and compelling reason for your withdrawal request. If appropriate, attach documentation)

My signature below certifies that I understand:

- ❖ The semester fees will not be allowed to roll over and semester will be mentioned in the transcript.
- ❖ The withdrawn semester will be count towards the maximum permissible number of semesters.
- ❖ The form will be submitted before or on the deadline for the withdrawal of semester as per Semester Calendar.

Student Signature
Date: _____

Student will not write below this line

➤ **STEP 1: CLASS COUNSELOR:**

I have discussed class performance with the student

Class Counselor Signature _____ **Date:** _____

➤ **STEP 2: DEPARTMENTAL COORDINATION OFFICER:**

For record purpose

DCO Signature _____ **Date:** _____

➤ **STEP 3: HEAD OF DEPARTMENT:**

Approved and forwarded to the Academic Section for further necessary action.

Head of the Department Signature: _____ **Date:** _____

➤ **STEP 4: Submission of form to Academic Section.**