Semester Drop Form/01/12/2012

BRAC University

**Form for Complete Semester Drop**

**(Students Have to Submit Suﬃcient Documents for Semester Drop)**

# Directions:

1. Verify your Medical Certiﬁcate/Documents along with your Health Card from BRACU medical center (for medical ground)
2. Take approval of the course teacher/s
3. Take approval from the Dean/Chair. of your respective department
4. Take approval from the Registrar
5. This form should be submitted to the Registrar’s Oﬃce with suﬃcient documents.

Name: , ID: Department/School: , CGPA: Current Semester: Spring/Summer/Fall 21 Address: , Tel: Mobile Number: , e-mail Address:

# Semester to be Drop:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Section** | **Last Date of Class Attended** | **Approval****of the course teacher** |
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**Reason for Semester Drop**

* Illness/Health Issue:
* Family Emergency or Compassionate grounds:
* Others:

**Financial Aid (ﬁll up if applicable)**

Student is eligible for Scholarship: **Yes** □ **No** □

Kind of scholarship % of Tuition fees

# Applying for Withdrawal/Drop:

With Refund □ ( ) Without Refund □

Student’s Signature: Date:

***Please turn over >>***

# Official use only

**Medical Center of BRAC University**

The student information:

Is this condition, result of injury or illness? YES □ NO □

Diagnosis:

Frequency of Therapy/Counseling/ Treatment needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is genuinely sick and may be granted days of leave.

Expected date of full recovery: Medical Certificate has been verified YES □ NO □

I, on behalf of Medical Center of BRAC University, hereby agree to grant leave to the above-mentioned student on medical ground to be considered for withdrawing from the semester on medical ground:

Signature Date:

**Approval by the Dean/Chair of your respective Department**

Chair/Dean’s Approval YES □ NO □

Comments

Chair/Dean’s Signature Date & Seal

**Approval from Registrar’s Office**

Registrar’s Approval YES □ NO □ Withdrawal/Drop with refund □ ( %) Withdrawal/Drop without refund □

Registrar’s Signature Date & Seal

**Accounts clearance:**

Withdrawal with refund (%) .

Withdrawal without refund □

Others ( )

Signature & Date

**Please submit the completed form to the Registrar’s Office**