

Salim Habib University Course Withdrawal Form – Without "W" / With "W"

Regist	tration No	:			Name:			
Semes	ster: 🔲 I	Fall	g 🗆 Su	ımmer	Program:		Class / Sec:	
☐ Morning ☐ Weekend Date:/_							Contact #:	
COUR	SE (S) TO	BE WITHDR	AWN:		thout "W		☐ With "W	
	T	T				semester)	(up to 15 th week	
S.No.	Course Code	Course Title		Instructor's Name		Reason of Withdrawal & Instructor's Recommendations		Instructor's Sign
						Kecom	nendations	
I unde	rstand tha	t:						
•	requireme	ent and not nec	essarily i	in the fort	hcoming	Semester. Th	accordance with ne course(s) mag uired to run the c	y be offered in
•		l be refunded or he said course.	adjusted	I for the co	ourse beir	ng withdrawn a	and fee is to be p	aid again when
•		e, said course is offered to me.	prerequi	site of any	y other co	urse of the for	thcoming Semes	ter, that course
•		ve to enroll for a m withdrawal of			to comple	ete my degree	requirement due	e to any reason
	_	ure:				:		_
	ks of Chai	rperson	••••••	***************************************		*****************	***************************************	***************************************
Approv	ed			No	t Approve	ed 🔲		
Signatu	ire of the l	Program Coor	dinator_		1	Dean / Chairj	person:	
		ted list of stude mation and furt			. •	•	n office) to the D ne CMS.	ean of Faculty
			Student's			awal Course(s)		
				(Particulai	rs to be filled	l by the student)		
_				ame:				
		vithdrawn withou						
2. No.	of courses v	vithdrawn with "V	W"	 				
							Receiver's	Signature & Stan