

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR WITHDRAWAL FROM END SEMESTER EXAMINATIONS NOV./DEC/APR./MAY				
1.	Name of the Student (in CAPTIAL Letters)			
2.	Register Number			
3.	Degree and Branch			
4.	Current Semester			
5.	CGPA till last Semester			
6.	Reason for Withdrawal (Proof to be attached)			
7.	Courses for which the Withdrawal requested			
Sem. No.	Course Course Name			
8.	Over all Percentage of Attendance (Current Sem.)			
Enclosure: Proof				
I hereby declare that the information furnished above is true. So far I have not applied for withdrawal of Examinations.				
Circulation of the Otudent with Dete				
	Signature of the Student with Date			
Mr./Ms Reg. No				
has secured more than 75% attendance in the current semester. He / She has paid the End Semester Examinations fee. Proof of Withdrawal is verified. He / She is eligible for				
Withdrawal from the End Semester Examinations for the courses mentioned above as per				
the Regulations.				
Recommended and Forwarded				
Signat	ure of class co	pordinator with d	late Head of the Department / Director	
Verified and Forwarded			Approved / Not Approved	
Head / Academics			PRINCIPAL	

Note:

- ✓ Application should reach CoE office, at least two days before the commencement of the End Semester Examinations of the course(s) to be Withdrawn.
- ✓ Before applying to the Withdrawal from Examinations refer to the Regulations of the Programme and submit the form, if you have valid reason.