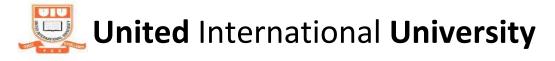
Trimester / Semester Drop Application Form



Date:								
Date:								
To The Regist United Into United City Badda, Dha	ernationa y, Madani							
Sir								
With due respect, I beg to state that I, a student of your university would like to drop this trimester / semester for reasons stated below.								
I, therefore	, therefore, pray and hope that you would be kind enough to grant my prayer and oblige me thereby.							
 I have also enclosed the following documents along with this form: Trimester / Semester Drop Declaration Form (if applicable). Photocopies of Medical Documents (Doctor's Prescription, Test Report, Doctor's Advice/Certificate etc.). 								
Full Name	e:							
ID Numbe	er:							
Contact N	lo:							
E-mail Ad	ldress:							
Reason fo Trimeste Semester	r /							
Yours obediently, (Signature of the Applicant) (Signature of the Guardian)								
ъ .	. (5)			(Father/Mother/Local Guardian)				
=	ent/Prog	ram Head: ny):		Recommended				
	Signature and Date							
Approval of the Registrar:				Office of the Controller of Examinations:				
Approved				□ Recorded				
		Signature of the	e Registrar	Signature and Date				



Program/Department

Trimester / Semester Drop Declaration Form

4	Name of the Chadents				
1.	Name of the Student:				
2.	Student ID:				
3.	Trimester / Semester:				
4.	Contact Number of the Student:				
5.	Name of the Guardian (Parent/Local Guardian):				
6.	Relationship with the Student:				
7.	Contact Number of the Guardian:				
Declaration: I hereby declare that the information and documents attached with the Trimester / Semester Drop Application are true and correct. The university reserves the right to verify the correctness of the information and documents provided. In case, any information and attached document is found to be false or misrepresenting, the university authorities may take disciplinary action against me including expulsion for one or more trimesters / Semesters /expulsion from the university. Countersigned					
Signat	ure of the Student	Parent / Local Guardian			
Date:					
	Trimester/ S	Semester Drop Declaration Form # EO 026			