

# East Delta University

## Form for Complete Semester Drop (Students have to submit sufficient documents for semester drop)

**Directions:**

1. Verified Medical Certificate/Documents
2. Take approval from the Dean/Chairman/ Coordinator of your respective department
3. Take approval from the Registrar
4. This form should be submitted to the Registrar’s Office with sufficient documents.

Name: \_\_\_\_\_, ID: \_\_\_\_\_

Department/School: \_\_\_\_\_, CGPA: \_\_\_\_\_ Current Semester: Spring /Summer /Fall 20

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

**Reason for Semester Drop**

Illness/Health Issue: \_\_\_\_\_

Family Emergency or Compassionate grounds: \_\_\_\_\_

Others: \_\_\_\_\_

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

Student is eligible for Financial Support after semester drop: **Yes**  **No**

Kind of Financial Support \_\_\_\_\_ % of Tuition fees \_\_\_\_\_

**Applying for Withdrawal/Drop:**

With Refund  ( \_\_\_\_\_ )

Without Refund

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Chair/Dean's Approval YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments _____
Chair/Dean's Signature _____	Date & Seal _____

**Approval from Registrar's Office**

Registrar's Approval YES <input type="checkbox"/> NO <input type="checkbox"/>
Withdrawal/Drop with refund <input type="checkbox"/> ( _____ %)
Withdrawal/Drop without refund <input type="checkbox"/>
Registrar's Signature _____ Date & Seal _____

**Accounts clearance:**

Withdrawal with refund (%) _____.
Withdrawal without refund <input type="checkbox"/>
Others ( _____ )
Signature & Date _____

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