***Important Note:***

1. This form is for use by students facing difficulty in pursuing Spring 2020 semester studies only.
2. A maximum of two (2) courses can be withdrawn in the Spring 2020 semester.
3. The deadline for using this form to apply for the course(s) withdrawal is 30th April 2020.
4. Once the application is received and processed as per rules, the student will be informed of the decision whether Withdrawal from the course(s) has been approved or not.
5. The resulting fee refund shall be made as per University policy for the refund of fees, which will be adjusted against the fee for the next semester if applied within the stipulated time.

|  |  |
| --- | --- |
| Name |  |
| Cell No. |  | Email |  |
| Regn. No. |  | Semester |  |

**REASONS FOR WITHDRAWAL**

***Choose at least one option by ticking the box:***

1. I do not have any or limited / insufficient internet facility. ⬜
2. I have electricity or power outages regularly which hamper my online studies. ⬜
3. I am unable to comprehend the live online course content and/or delivery. ⬜
4. I am unable to comprehend the offline (pre-recorded) course content and delivery. ⬜
5. I do not have access to hardware labs that are required for the subject course. ⬜
6. Any other issue? ⬜ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Course Code | Course Name | Class / Section |
| 1 |  |  |  |
| 2 |  |  |  |

**U N D E R T A K I N G**

1. I declare that my decision of withdrawing from the courses is purely based on the aforementioned reasons.
2. I bear the full responsibility of withdrawing the course(s) included in the list above.
3. I bear the responsibility of any academic and financial consequences that I may have to face due to my decision of withdrawal and the University and my department will not be liable in any case.
4. I understand that the courses being withdrawn, individually or collectively, may cause a delay in the completion of my degree.
5. I understand that my department will not be liable to offer me a course if I am withdrawing a pre-requisite course included in the list above.
6. I understand that there will be no guarantee that the withdrawn course will be offered in the following semester.

(Signatures with dates)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student / Applicant Student Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Department Dean EAS & EMS

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 Manager Finance Registrar

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Pro Vice Chancellor Vice Chancellor