



Dhaka University of Engineering & Technology, Gazipur

Gazipur-1707

Semester Withdrawal Form for Post Graduate Student

Name of the Student: _____ Student No:

Department: _____ Programme: _____

Session: _____ Semester: _____

Last Date of the Semester Final Examination: _____

Total Credit Completed:

Credit taken in the Semester:

Reason for Application:

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Signature of the student:

Date:

Cell Phone No:

Opinion/Recommendation with Signature of the Course Co-ordinator/Supervisor with Official Seal:

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Date:

Opinion/Recommendation with Signature of the Chief Medical Officer with Official Seal:

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Date:

Signature of Head of the department with Official Seal:

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Date:

Attachment:

01. 01 (One) Photocopy of Course Registration Form in the Current Semester.
02. 01 (One) copy of Medical Certificate/Relevant official document.