



Dhaka University of Engineering & Technology, Gazipur

Gazipur-1707

Semester Withdrawal Form for Undergraduate 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:

Sl. No.	Sessional Courses taken in the regular Semester			Sessional Courses not to be Withdran		
	Course No.	Course Title	Credit	Course No.	Course Title	Credit
1.						
2.						
3.						
4.						
5.						

Reason for Application:

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Signature of the student:

Date:

Cell Phone No:

Opinion/Recommendation with Signature of the Adviser 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.