



FORMAN CHRISTIAN COLLEGE
(A CHARTERED UNIVERSITY)

Request to Withdraw from a Semester

Student Name: _____ **Semester:** _____ **Roll No:** _____

- A grade of F or NS will result in the course(s) if abandoned casually without official approvals.
- Any issues related to processing of withdrawal from the semester must be dealt within the applicable semester. Check your transcript after 2 weeks to ensure the withdrawal.

Reason for Withdrawal:

Documents attached (please list):

"I hereby declare and understand that I will be liable for fees of registered course(s) if the course(s) are withdrawn after the add/drop period."

Student Signature: _____

Dated: _____

Adviser Signature: _____

Dated: _____

Academic Advising Center Signature: _____

Dated: _____

Vice Rector Office Signature: _____

Dated: _____

Academic Services Office Signature: _____

Dated: _____