



BRAC University

Course Drop/ Replace Form

Name: _____, ID: _____

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

Address: _____, Tel: _____

Mobile Number: _____, e-mail Address: _____

Course to be Drop:

Course Code	Course Title	Semester	Grade	Reason to drop/ Replace

Comments if any:

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 _____
