



# 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 _____  |