



BRAC University

Form for Complete Semester Drop (Students Have to Submit Sufficient Documents for Semester Drop)

Directions:

1. Verify your Medical Certificate/Documents along with your Health Card from BRACU medical center (for medical ground)
2. Take approval of the course teacher/s
3. Take approval from the Dean/Chair. of your respective department
4. Take approval from the Registrar
5. This form should be submitted to the Registrar's Office with sufficient documents.

Name: _____, ID: _____

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

Address: _____, Tel: _____

Mobile Number: _____, e-mail Address: _____

Semester to be Drop: _____

Course Code	Course Title	Section	Last Date of Class Attended	Approval of the course teacher

Reason for Semester Drop

Illness/Health Issue: _____

Family Emergency or Compassionate grounds: _____

Others: _____

Financial Aid (fill up if applicable)

Student is eligible for Scholarship: **Yes** **No**

Kind of scholarship _____ % of Tuition fees _____

Applying for Withdrawal/Drop:

With Refund (_____)

Without Refund

Student's Signature: _____ Date: _____

Official use only

Medical Center of BRAC University

The student information:
Is this condition, result of injury or illness? YES NO
Diagnosis: _____
Frequency of Therapy/Counseling/ Treatment needed: _____
Is genuinely sick and may be granted _____ days of leave.
Expected date of full recovery: _____
Medical Certificate has been verified YES NO
I, on behalf of Medical Center of BRAC University, hereby agree to grant leave to the above-mentioned student on medical ground to be considered for withdrawing from the semester on medical ground:
Signature _____ Date: _____

Approval by the Dean/Chair of your respective Department

Chair/Dean's Approval YES NO Comments _____
Chair/Dean's Signature _____ Date & Seal _____

Approval from Registrar's Office

Registrar's Approval YES NO
Withdrawal/Drop with refund (_____%)
Withdrawal/Drop without refund
Registrar's Signature _____ Date & Seal _____

Accounts clearance:

Withdrawal with refund (%) _____.
Withdrawal without refund
Others (_____)
Signature & Date _____