



# 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 \_\_\_\_\_