



# COMSATS University Islamabad, Vehari Campus

## Student Request Form (For Withdrawal of Semester/Courses)

Date: \_\_\_\_/\_\_\_\_/20\_\_

Registration No. \_\_\_\_\_ Name: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Course (s) to be withdrawn: Yes  No

Sr.#	Course Code	Course Name

Semester to be withdrawn: Yes  No

(For semester withdrawal, state “serious and compelling” reason with documented proof)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Recommendation by HoD

\_\_\_\_\_  
Assistant Registrar (Academics)