**Semester Drop Application**

**Spring/ Summer/ Fall 20....**

 Date: ………………..

 To

**Comments of Department Chair/Head**

 Pro Vice – Chancellor

 Through: The Registrar

 North South University

 Through: Director / Chair, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Subject: Prayer for Semester Drop**

 Dear Sir,

**student name**

 I am ……………………………………………………….., ID No:.............................…………………….

 a student of …………………………………… Program under the Department of…………………………

 in North South University. I want to drop my ………………………………….……………...semester(s) for

 the following reason (s): ………………………………………………………………………………………

 …………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………

 I request you to approve my semester drop. Thank you.

 Sincerely,

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Student’s Signature Parent’s Signature

 Student’s Contact Number: Parent’s Contact Number:

 **Semester Drop Issues:**

 Advising payment status **(**Tick**)** appropriate option.)

 Medical ground with payment Medical ground without payment

 Without Advising Humanitarian ground

 **Comments of NSU Medical Officer:**

 (in case of medical drop)

 **Verifying Officer, Registrar’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill up this form and submit to respective department with supporting documents.**