**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.**