**Course Exclusion Application**

Date: ………………

To

The Registrar

North South University

**Subject: Prayer for Course Exclusion**

Dear Sir,

**student name**

I am …………………………………………………………..., ID No: ..................................................a student of ………………………………Program under the Department of ……………….…………………… in North South University. I want to exclude the following courses for updating GPA calculation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Course Code** | **Course Name** | **Semester** | **Verified by Program/Department** |
| 1 |  |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

\*Courses with “I”, “W” and “X” grades cannot be excluded.

I declare that the above-mentioned courses will not be counted towards my degree requirement and will not be removed

from my transcript and credit(s) of these courses will not be counted in my GPA calculation.

Thank You.

Sincerely,

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

Student’s Signature

Student’s Contact Number:

|  |  |  |  |
| --- | --- | --- | --- |
| **For Official Use Only** | | | |
| Recommended | Not Recommended | Approved | Not Approved |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair/Director  Signature and Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair/Director  Signature and Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registrar’s  Signature and Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registrar’s  Signature and Date |

**To be filled by the Office of the Program/Department**

Date of submission **:**

Received and checked by the Program/Department **:**

Updated by the Registrar’s Office **:**

.………………………………………………………………………………………………………………………

**Official Seal**

**Student’s Part**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B:** Please contact the Registrar’s Office for further query in this regard.

Authorized Signature of the Program/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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