



**UNIVERSITY OF MANAGEMENT AND TECHNOLOGY
SIALKOT CAMPUS**

Withdrawal Form

ID No:

Date:

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Program: _____ Semester: Spring / Summer / Fall

Total Credit Hours completed: _____ CGPA: _____

Email: _____ Contact No: _____

Course(s) to be Withdrawal:

SR No	Course Code	Course Title	Cr Hrs	Section	Resource Person Name & Signature	Advisor Name & Signature
1						
2						
3						
4						

Recommendation of Area Coordinator / COD: _____

Signature & Stamp: _____

Date: _____ Student's Signature: _____

(For Office Use Only)

Office of the Registrar	Controller of Examinations
Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> Signature: _____ Date: _____	Grade Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____

Guidelines for 'W' Grade:

- Participant seeking withdrawal from course(s) shall apply on or before the withdrawal date specified in the Academic Calendar.
- In case of any disciplinary action, 'W' shall not be allowed.
- **In case of 'W' allowed, participant will have to pay the fee as repeat course.**