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| UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGYSIALKOT CAMPUS** |  |

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**Withdrawal Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID No: |  |  |  |  |  |  |  |  |  |  |  |  | Date: | D | D | M | M | Y | Y | Y | Y |
|  |
| 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 PersonName & Signature** | **AdvisorName & Signature** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| **Recommendation of Area Coordinator / COD/Advisor:** |  |
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|  |
|  |
| Signature & Stamp: |  |  |  |
| Date: |  | Student’s Signature: |  |

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 *(For Office Use Only)*

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| **Office of the Registrar** | **Controller of Examinations** |
| Approved:Not Approved:  | 🞏🞏 | Grade Entered: | 🞏Yes | 🞏No |  |
| Signature: |  |  | Signature: |  |  |
| Date: |  |  | 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.**