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| |  |  |  | | --- | --- | --- | | UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGY SIALKOT CAMPUS** |  | |  |  |

**Withdrawal Form**

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| ID No: | |  | |  |  |  | |  |  | |  |  |  | |  |  | |  | | | | | Date: | | | | D | D | M | M | | | Y | | Y | | Y | | Y | |
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| Last Name/Surname: | | | | | | |  | | | | | | | First Name: | | | | |  | | | | | | | Middle Name: | | | | |  | | | | | | | | |
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| Program: | | |  | | | | | | | | | | | | | | Semester: | | | | | Spring 🞏 / Summer 🞏 / Fall 🞏 | | | | | | | | | |  | |  | |  | |  | |
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| Total Credit Hours completed: | | | | | | | | | |  | | | | | | | | | | | CGPA: | | |  | | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | Contact No: | | | | |  | | | | | | | | | | | | | | |
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**Course(s) to be Withdrawal:**

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| --- | --- | --- | --- | --- | --- | --- |
| **SR No** | **Course Code** | **Course Title** | **Cr Hrs** | **Section** | **Resource Person Name & Signature** | **Advisor Name & Signature** |
| 1 |  |  |  |  |  |  |
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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.**