COMSATS University Islamabad

ACAD 5

Wah Campus
****

COURSE DROP FORM

Name: _____   *Reg No:* _____

Course Drop

Course No	Course Title	Credits	Concerned Teacher Name	Concerned Teacher Signature

Give the reason(s) below:

_____

_____

Signature of Student: _____ Date: _____

OFFICIAL USE ONLY

Signature of Class Counselor: _____   **Signature of DCO:** _____

(Progress Report to be attached)

Recommended / Not Recommended By HoD: _____ Date:_____

Action Taken: _____Date:_____
(Assistant Registrar, Academics)