

Course Exclusion Application

Date: DD/MM/YYYY

To
The Registrar
North South University

Subject: Prayer for Course Exclusion

Dear Sir,

I am student name, 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				

*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 :

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.