

NORTH SOUTH UNIVERSITY

Application for withdrawal ofsemester on Medical / General ground
To _____ Date: _____

Pro-Vice Chancellor

Through: Director / Chair, Department of _____

Through: Registrar

Sub: Application for withdrawal ofsemester on medical / general ground
(enclosed advising sheet/Registration slip and unofficial transcripts)

Dear sir,

I wish to withdraw my enrolment for the..... My particulars and the
Reason (s) for withdrawal are given below.

- 1 Name of the Student :
- 2 ID Number :
- 3 Dept/Program :
- 4 School :
- 5 Advising/Payment status(tick the appropriate option/s)

i) medical ground with payment ii) medical ground without payment iii) without advising

6. Reasons of the withdrawal :
(please specify and attach
separate page, if needed)

7. Semester of Withdrawal : Semester: Year:

I hope you will approve the withdrawal of my enrolment for the above semester.

Sincerely yours,

Contact # _____

(Signature of student)

8. Comments of NSU Medical
Officer (in case of medical
drop)

9. Verifying Officer, Registrar office : _____

NB: (i) Semester drop on general ground (without advising)

(ii) Semester drop on medical ground (with payment)