

SCHOOL OF ELECTRICAL ENGINEERING AND COMPUTER SCIENCE (SEECS-NUST)

**STUDENT REQUEST FOR SELF WITHDRAWAL (UG PROGRAM)**

1. Name 2. Program

3. Regn No 4. Date of last Class Att

5. Email ID 6. Contact No

# 7. Detailed reason for withdrawal at own request:

Date: (Signature of Applicant)

# Consent by Parent:

Date: (Signature of Parent)

# DBS Recommendation:

Date: (Signature of HoD)

FBS No held on has endorsed / rejected the request.

Date: (Signature of DCE)

Date: (Signature of Dean/ Principal)

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