

# Semester Drop Application

Spring/ Summer/ Fall 20...

DD/MM/YYYY

Date: .....

To

Pro Vice – Chancellor

Through: The Registrar

North South University

Comments of Department Chair/Head

Through: Director / Chair, Department of \_\_\_\_\_

**Subject: Prayer for Semester Drop**

Dear Sir,

I am ..... *student name* ....., ID No:.....

a student of ..... Program under the Department of.....

in North South University. I want to drop my .....semester(s) for the following reason (s): .....

.....  
.....  
.....

I request you to approve my semester drop. Thank you.

Sincerely,

\_\_\_\_\_  
Student's Signature

Student's Contact Number:

\_\_\_\_\_  
Parent's Signature

Parent's Contact Number:

**Semester Drop Issues:**

Advising payment status (Tick) appropriate option.)

- Medical ground with payment     Medical ground without payment
- Without Advising     Humanitarian ground

**Comments of NSU Medical Officer:**

(in case of medical drop)

**Verifying Officer, Registrar's Office:** \_\_\_\_\_