Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application No #**

CS/FORM/0116/00/0019

|  |  |
| --- | --- |
| **Semester** | Fall / Spring / Summer |
| **Academic year** | 20 \_ \_ - 20 \_ \_ |

To,

**Name of the Faculty**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Vice Chancellor,

American International University-Bangladesh (AIUB)

Subject:- **Application for Semester Drop**.

Dear Madam,

I ………………………………………………………………………………………………………….., ID # …… - ………………….. - ….. , CGPA : …………… student of the Department of Computer Science. Due to the reason mentioned below I am asking your permission to **drop the semester**.

I thereby request you to grant my application and allow me to **drop the semester** if appropriate.

Reason(s):

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***(Please attach necessary document(s) if required).***

**List of Attached Document(s):**

1. ………………………………………………………
2. ………………………………………………………
3. ………………………………………………………
4. ………………………………………………………
5. ………………………………………………………

Yours Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**

**ID:**

**Department:**

**As per University Policy**

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Director / Head

Dept. of Computer Science,

Faculty of Science & Technology, AIUB

**Official Use Only**

**Decision:**

**Approved** **Disapproved**

***\* \* \* Please submit the form to the ADDITIONAL REGISTRAR’s Office***