

Drop/Withdrawal Application Form

Date:

Registrar/ Joint Registrar

University of Liberal Arts Bangladesh (ULAB) Dhanmondi, Dhaka

Term Name:

Subject:

Applying to drop/withdraw the Course(s):

SL	Course Code	Course Title	Term Name	Credits
1				
2				
3				

Or,

Subject:

Applying to drop/withdraw the full Term:

Dear Sir,

This is to inform you that I'm a student of _____ Program and I want to drop/withdraw the above mentioned course(s)/term.

Please take necessary measures to drop/withdraw the course(s)/term.

Thank You.

Stud	ent's Signature					
Nam	e of the student:					
ID:				Cell:		
f	rom Accounts Departm	ient	e Students UES and get signed (mar I receive the Confirmation	-		
Cor	nments from Accounts (Office:				Accounts Office
		For	office	use	only	
Dre	op/withdraw with:					Approved by:
Sei	nior Officer/Asst. R	egistrar		Registrar/Joint Registrar		