



Shri Mata Vaishno Devi University

Kakryal, Katra-182320 (J&K) INDIA

(A Statutory Technical University of J&K Legislature; recognized u/s 2(f) & 12(B) of UGC)

FORM NO. AA/12: Application requesting for grant of permission for withdrawal of Course(s)

1. Details to be filled by the student:

- a. Name of Student: _____
- b. Category: _____
- c. Nationality: _____
- d. Entry No: _____
- e. School: _____
- f. Programme: _____
- g. Semester: _____

h. Name of the Core/ Elective courses for which withdrawal is requested

S.No.	Course Code	Name of Course	Type of Course (Core/ Elective)

Signature of the Students
Date:

Forwarded to Head of the School

2. Recommendation of HoD:

Remarks of HoD, So_____:

Signature



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3. Forwarded to the Office of Dean, Faculty of _____:

Remarks of Dean, _____:

Permitted :

Not Permitted:

Signature

4. Forwarded to Head of the School (for necessary action as per approval)