

K.S.R COLLEGE OF ENGINEERING

(Autonomous Institution, Approved by AICTE, Accredited by NAAC with 'A++' grade & Affiliated to Anna University)

K.S.R. Kalvi Nagar, Tiruchengode – 637 215, Tamil Nadu, India

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR WITHDRAWAL FROM EXAMINATION

			Date :
1.	Name of the Candidate	:	
2.	Register Number	:	
3.	Programme	:	
4.	Year & Semester	:	
5.	Month & Year of End Semester Exam	:	
6.	Examination Period (as per time table)	: From	То
7.	CGPA (upto last semester)	:	
8.	No. of Standing Arrears	:	
9.	History of Arrears	:	
10	. Reason for Withdrawal	:	

:

11. Period / Date(s) of Withdrawal required

12. No. of Courses in which withdrawal required :

13. Details of courses seeking withdrawal

i.No	Semester	Course Code	Course Name	Course Type (Practical /Theory)

:

Declaration by the Candidate :

- 1. I hereby declare that the information furnished above is true.
- 2. I am aware that withdrawal for End Semester Examination is permitted once only during the entire period of study. I have not applied for withdrawal for End Semester Examination so far.
- 3. I have read and understand the clause "Provision for Withdrawal from End Semester Examination" in the Regulations pertaining to me.
- 4. My parents / guardians have no objection for Withdrawal from End Semester Examinations.

Signature of the Student	Signature of the Parent					
Enclosures : 1. Statement of Grades (Previous Semester(s))	2. Proof of Reason for Withdrawal					
Forwarded to	the Principal					
Remarks from the Department :						
Name & Signature of the Mentor(s)	Head of the Department Name & Signature with Seal					
Recommended and Forwarded						
College Seal	Head of the Institution Signature with Seal					
for COE office Use						
Status : Approved / Not Approved						
Remarks :						
	Controller of Examinations					