



Dr. Momtaz Begum University of Science and Technology

Banshgari, Bhairab, Kishoreganj, Bangladesh

Application for Semester Drop

Spring/ Summer 20....

Date:

To

Vice – Chancellor

Through: The Registrar

MUST

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 MUST . 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 MUST Medical Officer:

(in case of medical drop)

Verifying Officer, Registrar's Office:

Please fill up this form and submit to respective department with supporting documents.