INDIAN INSTITUTE OF TECHNOLOGY DELHI
ACADEMIC & EXAMINATION SECTION (UNDERGRADUATE STUDIES)

APPLICATION FOR SEMESTER WITHDRAWAL

1. Name: __________________________
2. Entry No.: ______________________
3. Programme: _____________________
4. Deptt.: __________________________
5. Hostel: __________________________

6. Request for semester withdrawal from ________ Semester of Session ________
   If any semester withdrawal is taken, pls give details

7. Period of Continuous absence from _________ to __________, number of teaching days absent ________
   Reasons for absence:
   (a) Medical reasons (attach medical certificate)

                      __________________________
                      __________________________
                      __________________________

   Medical certificate is from (circle one): IIT Medical Officer/ Govt./ State Hospital/ Dispensary/ Private practitioner:
   (b) Other reasons (give details)

                      __________________________
                      __________________________
                      __________________________

8. Other absence from ___________ to __________, number of teaching days absent ___________

   Name of Student __________________________ Signature of Student __________________________

   Phone No. __________________________

   Name of Parent/ Guardian __________________________ Ph. No. __________________________

   Signature of Parent/ Guardian __________________________

AFTER COMPLETING THIS APPLICATION AND BEFORE THE START OF THE MAJOR TESTS:

- UG students should submit this form to the Head of Department of the Student’s programme.
- PG students should submit this form to Chairperson DRC/CRC/PEC of the Student’s programme.
PART B: Recommendation by Head of Department OR Chairperson DRC/CRC/PEC

Application has been made before the start of the Major Test (Circle one): Yes / No

The student's request has been examined.

Semester withdrawal from _______ Semester of Session__________________________ is
Recommended / Not Recommended

Date:__________________________ Signature of Head of Department__________________________
/Chairperson DRC/CRC/PEC

FORWARDED TO: DEAN UGS/ DEAN PGS&R FOR APPROVAL

PART C: Approval by Dean, UGS/ Dean PGS&R

Semester withdrawal from _______ Semester of Session__________________________ is
Approved / Not Approved

Date:__________________________ Signature of Dean, UGS/ Dean PGS&R

PART D: For action by UG/ PG Section

Notification No.__________________________ dt.________________________
Information entered into the system on___________ by______________________