

Tel: 0877 250 3531

ACADEMIC SECTION

Email: academics@iittp.ac.in

REQUEST FOR TEMPORARY WITHDRAWAL FROM ACADEMIC PROGRAM

1. Name of the Student	:	
2. Roll Number	:	
3. Department	:	
4. Program	:	BTech / MTech / MS / MSc / MPP / PhD
5. Reasons for request		
I request for temporary withdrawal from the above program w.e.f. Date _____ to _____.		
(Please specify reasons/attach certificate(s) for the request below)		

Date:

Signature of the student

6. Remarks by the Institute Medical Officer/GCU Advisor

Date:

Signature of the Medical Officer

7. Remarks from the department (please attach a copy of DC minutes)

Signature of HoD

8. Academic Section Remarks

The student may be permitted for temporary withdrawal from the program w.e.f. _____ to _____

The student should report for enrolment in semester (pls specify): _____

JA/JS, Academics

AR/DR, Academics

Approved

Advisor, Academic Courses / Research
Dean, Academic Affairs

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Note: After the signature of the Dean, the original form is to be kept in the personal file of the student in the Academic Section. A photocopy / scanned electronic copy is to be sent to the student, HoD, Chairperson of MC/DC and the department office.

15-May-2023