



GAZIPUR AGRICULTURAL UNIVERSITY (GAU)
GAZIPUR 1706, BANGLADESH

Course Withdrawal Form

Name of the Student..... Registration No. ....

Major Department ..... Term..... Year .....

Table with 5 columns: Course Number, Course Title, Credit Hour, Signature of Course Instructor, Remarks

Signature of the Student with Date .....

Approved by:.....

Major Professor

Department Head

Dean, Faculty of Graduate Studies

N.B.1. White Copy for Student's file. 2. Green Copy for Student 3. Blue Copy for Department Head 4. Pink Copy for Major Professor and 5. Yellow Copy for Tabulator