



GAZIPUR AGRICULTURAL UNIVERSITY (GAU)
GAZIPUR 1706, BANGLADESH

Course Dropping Form

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

Major Department Term..... Year

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