GOVERNMENT COLLEGE WOMEN UNIVERSITY FAISALABAD
PERFORMA FOR COURSE WITHDRAWAL

Name of Student: _____: D/O _____

Registration No: _____ Session: _____

Department: _____ Degree: _____

Courses to be withdrawn

Sr. No.	Course Code	Course Title	Credit Hours	Spring/Fall 20____
1.				
2.				

Departmental Advisor /Controller: _____

Chairperson / Incharge: _____

Dean /Coordinator: _____

Recommendation Director Academics

Approval of the Director Academics

After approval, the copies will be sent to the following offices:

1. Directorate of Academics,
2. The Controller of Examinations,
3. Director IT Services,
4. The Treasurer,
5. Coordinator of Concerned Faculty,
6. Chairperson /Incharges of concerned Department,
7. Student Concerned.