



**Sheikh Hasina University of Science and Technology**  
Banshgari, Bhairab, Kishoreganj, Bangladesh

**Application for Semester Drop**

**Spring/ Summer 20....**

Date: .....

To  
Vice – Chancellor

Through: The Registrar  
SHUST

Comments of Department Chair/Head

Through: Director / Chair, Department of \_\_\_\_\_

**Subject: Prayer for Semester Drop**

Dear Sir,

I am ..... **student name** ....., ID No:.....  
a student of ..... Program under the Department of.....  
in SHUST. I want to drop my ..... semester(s) for  
the following reason (s): .....  
.....

I request you to approve my semester drop. Thank you.

Sincerely,

\_\_\_\_\_  
Student’s Signature  
Student’s Contact Number:

\_\_\_\_\_  
Parent’s Signature  
Parent’s Contact Number:

**Semester Drop Issues:**

Advising payment status (Tick) appropriate option.)

- Medical ground with payment     Medical ground without payment
- Without Advising     Humanitarian ground

**Comments of SHUST Medical Officer:**

(in case of medical drop)

**Verifying Officer, Registrar’s Office:** \_\_\_\_\_

**Please fill up this form and submit to respective department with supporting documents.**