



**SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)
PULLOOR- 626 115. KARIAPATTI.**

APPLICATION FOR WITHDRAWAL FROM EXAMINATION

Name :

Register No. :

Degree/Branch :

Semester :

Whether registered for Current Semester Examination: (Yes/No)

Reason for withdrawal:
.....

Whether the necessary documents enclosed: (Yes/No)

Nature of Document : Medical/Any other

If Any other, Mention:

Signature of the Parent

Signature of the Student

RECOMMENDATION OF HOD

1. Mr./Ms. (Reg.No.) has secured 65% attendance and more.
2. He/She has paid the End Semester Examination fee.

Date:

Signature of the HOD

Recommended/Not Recommended

Signature of the Principal