



# DEPARTMENT OF PHARMACY

Higher College of Technology

P O BOX 74, AL-KHUWAI, POSTAL CODE 133 24473600 Fax 244853600

## Advising and Registration

### Student Advising Form for Course Withdrawal\*

<b>Student Name:</b>							
<b>ID:</b>				<b>Level:</b>			
<b>To be filled by student in consultation with the advisor</b>							
<b>Semester No:</b>	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	<b>A. Y.: 20__ / 20__</b>	<b>Sem GPA:</b>	<b>CGPA:</b>	
No. of Courses Registered:							
Withdraw Course (Code and Name):							
Is this a pre-requisite course:						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this course from the lower level?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student repeating this course to improve CGPA?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the student is under probation, will this withdrawal help the student move out of probation?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indicate the course projection for the forthcoming semester, <b>if this course will be withdrawn:</b>							
<b>Academic Year: 20__ / 20__</b>		<b>Semester Number: I / II / III</b>					
<b>Course Code</b>		<b>Course Name</b>					
<b>Advisor Name / Signature / Date:</b>							
<b>To be filled by the Course Lecturer</b>							
Is the student a Debar / No-show case?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student a Malpractice / Cheating Case?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Lecturer Name / Signature / date:</b>							
<b>Student Declaration</b>							<b>Signature / Date:</b>
1) I _____ hereby undertake full responsibility that: a. This withdrawal from one (1) course which is a pre-requisite for another, may delay my graduation ( <i>I am fully aware about the SYSTEM &amp; DURATION OF STUDY as mentioned in Article 41 &amp; its amendments of College Bylaw</i> ). b. This withdrawal may add up to my existing probation level. c. The withdrawn course will appear in the transcript with "W".							
2) I understand that I will not be allowed to withdraw any other courses in this semester.							
<b>HoD Decision</b>							
<b>Name / Signature / Date:</b>							

\*This form is to be used in Special and critical cases e.g. probation, prerequisite course, project and fewer number of courses registered.