



Higher College of Technology Pharmacy Department

Student undertaking for Course Withdrawal

Semester I / II / III ; Academic Year...../.....

I (Student's Name):

(Student's ID):

1. Have carefully read and understand the withdrawal rules and policy of the College.
2. Have understood the advices of my Academic Advisor in this matter.
3. Have been informed and fully understand that withdrawal are not recommended in the following circumstances:
 - a. The course is a prerequisite
 - b. Student is a debar case
 - c. Student is under probation
4. I am aware of the consequences of withdrawing this course

Course Code:; Course Name:

Which may result in:

- a. Delay in my progression and timely completion of my course of study
- b. Adding up to my existing probation level
- c. The course will appear in the transcript with “W” for Withdraw

I acknowledge that I have signed the original of this undertaking form.

Student Name:

Student Signature:

Date:

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- Copy to the Department registrar
 - Copy to the College registrar