



राष्ट्रीय प्रौद्योगिकी संस्थान - आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

Near National Highway No. 16, Kadakatla, Tadepalligudem-534101,
West Godavari Dist., Andhra Pradesh, India.

REQUEST FOR TEMPORARY WITHDRAWAL FROM ACADEMIC PROGRAM

| | | |
|-----------------------------|---|---------------------|
| 1. Name of the Student | : | |
| 2. Roll Number & Reg Number | : | & |
| 3. Department | : | |
| 4. Program | : | BTech / MTech / PhD |

5. Reasons for request:
I request for temporary withdrawal from the above program w.e.f. Date _____ to _____.
(Please specify reasons/attach certificate(s) for the request below)

Date:

Signature of the student

6. Remarks by the Institute Medical Officer.

Date:

Signature of the Medical Officer

7. Remarks from the department.

Class Coordinator

Signature of HoD.

7. Academic Section Remarks,

The student may be permitted for temporary withdrawal from the program w.e.f. _____ to _____
The student should report for enrolment in _____ AY _____ semester.

JA/JS, Academics

Supdt/AR/DR Academics

Recommended

Approved

Assoc Dean, Academic

Dean, Academics