

**3.3 Format for forwarding the semester drop request**

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, \_\_\_\_\_**  
**CAMPUS**  
**DEPARTMENT OF \_\_\_\_\_**

Date:

To,  
Associate Dean, AGSRD  
BITS Pilani, \_\_\_\_\_ campus.

We have studied and discussed the request of \_\_\_\_\_ ID No.  
\_\_\_\_\_ to drop the \_\_\_ Semester 20 - 20 in the DRC meeting dated  
\_\_\_\_\_. Our recommendation is \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_

(Name)\_\_\_\_\_

(DRC Convener)

Date:

\_\_\_\_\_

(Name)\_\_\_\_\_

(HOD)

Date:

**Form for Request of Dropping a Semester  
(To be submitted to DRC by student/supervisor)**

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, \_\_\_\_\_**

**CAMPUS**

**DEPARTMENT OF \_\_\_\_\_**

Date:

Name of the student:

ID No.

Supervisor:

Dropping Semester: I/II

Academic year: 20 - 20

Reason (Enclose supportive documents):

Signature of the Student

Recommendation of Supervisor:

Name and Signature Supervisor(s)