

FRANCIS XAVIER ENGINEERING COLLEGE

An Autonomous Institution

Accredited by NBA | DST-FIST Supported | AICTE Sponsored Margdarshan Mentor Institution ISO 9001: 2015 Certified Institution | Recognized under Section 2(f) & 12(B) of the UGC Act, 1956

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Office of the Controller of Examinations

APPLICATION FOR WITHDRAWAL FROM END SEMSTER EXAMINATIONS NOV./DEC. /APR./MAY 20

Name of the Student							
Register Number							
Degree & Branch	B.E./B.Tech./ M.E./M.B.A. & Branch:						
Year of Admission & Semester	20& Semester:						
Reason for Withdrawal from End Semester Examinations (Proof tobe attached)							
Courses already appeared Examination in this semester	No. of Courses:	Course code(s):					
No. of courses to be withdrawn &its course code(s) with examination(s) date & session	Course Code						
	Date						
	Session						
History of arrear(s) if any:		Yes / No					
* Before applying to the withdrawal refer to Kindly accept my request for withdrawal student's Signature with Date				S.	e valid reason		
	Recommendati	ons by the Do	epartment				
Mr/Ms		(Reg. No)	has secured	more that	n
75% attendance in all the courses of the	he current semeste	er . He / She ha	as paid the	End semest	er Examina	tions fee.	
Proof of withdrawal is verified. He/S	he is eligible for v	vithdrawal fro	m the End S	Semester E	xamination	for the all	Ĺ
the courses / courses mentioned as per	r the regulations.						
Verified	Recommended & Forwarded						
Class Coordinator	Head of the Department				Prof.Academics		
Date:	Approved / Not	Approved					

Note: Original application with enclosures to be submitted to COE office after getting the approval from the HOD and Professor Academics.