



**Malnad College of Engineering Hassan**  
Karnataka India

Affix passport size  
photograph

**Request for Withdrawal**

Name of Student \_\_\_\_\_  
(In Block Letters)

Semester \_\_\_\_\_ USN \_\_\_\_\_ Branch \_\_\_\_\_

**Address (Contact Details)**

**Present Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number \_\_\_\_\_ Email ID \_\_\_\_\_

**Withdrawal Courses**

Sl. No.	Course Code	Courses	Attendance Criteria satisfied or not
1			
2			
3			

Signature of Student

**For Office Use**

	Remarks	Signature
Faculty Adviser		
Head of Department		
Dean (Academic Affairs)		
Controller of Examination / Examination Section		

**Principal**