INSTITUTE OF BUSINESS ADMINISTRATION KARACHI

APPLICATION FORM WITHDRAWAL FROM A COURSE

The Director **Institute of Business Administration** Karachi Sir: I want to withdraw from ______ course. (Full name of course) Yours obediently Name of student_ Date: _____Section____ (to be filled by the instructor) He/She has accumulated _____absences till to – date Forwarded Date: **Instructor's Signature** DIRECTOR RECEIPT Received withdrawal application of course From Mr. / Ms. _____Section___

DAY PROGRAM OFFICE