



Academic Section
Indian Institute of Technology Hyderabad
Kandi Sanga Reddy
Telangana 502 285
Phone: (040) 2301 6026; Fax: (040) 2301 6026

Student Withdrawal Form

Student's Use:

Name: _____ Roll No: _____
Department: _____ Stream: _____
Date of Joining: _____ Date of Leaving: _____
Reason for Leaving:- _____
Are you considering on returning to IITH? _____ Yes / No
If yes, Contact No. : _____ E-Mail Id: _____

If a student withdraws after the commencement of the Classes, Caution Deposit only will be refunded.

Date: _____ Signature: _____

For Department's use:

Signature of Faculty Advisor/Guide/UG/PG Convener: _____ Date: _____

Name: _____

Signature of HOD: _____

Comments: _____

For Academic Office use:

Gate Score Card returned Date: _____

No Dues Submitted Date: _____

Refund of Fees, if any Rs. _____

Effective Date: _____

Comments: _____

Joint Registrar (A.P.)

Dean (A.P.)

DIRECTOR