



Capital University of Science & Technology

University Leaving Form

Reg. No: _____ Name: _____
Semester: _____ Semester No: _____
GPA: _____ CGPA: _____
Email: _____ Contact #: _____

Reasons: _____

Dated

Student's Signature

For Office Use only

Clearance:

Lab

Library

Accounts Office

Approval:

Dated

Dean/HOD

Registrar Office:

Entered by/Date

Verified by/Date

Filed by/Date