



BAHRIA UNIVERSITY - ISLAMABAD CAMPUS

SEMESTER FREEZING FORM

Dated: _____

1. Enrolment #: _____ Reg # _____

2. Student's Name: _____ Son/Daughter of _____

3. Class: _____ Section _____

4. Contact # _____ 5. Registered for current semester Yes No

6. Fee Deposited: Yes No Amount _____ Dated: _____

7. Reason for Freezing the Semester: _____

8. Will join again: Fall _____ Spring _____

Parent/Guardian Signature
Contact #: _____

Student's Signature

9. Verification by Accounts Officer: _____

10. Recommendation: _____

Students' Advisor Sign
Dated: _____

Head of Department Sign
Dated: _____

11. Documents Status _____

12. Recommendation by DD (Academics) _____

Deputy Director (Academics)

Approved/Not Approved by

Director BUI

For Record & Action:

Deputy Director (Academics)

(Revised w.e.f May 2012)