

BAHRIA UNIVERSITY _____ CAMPUS

The Head of Department
Bahria University
Karachi Campus

Registration # _____
Enroll # _____
Class/Sec _____

REQUEST FOR SEMESTER FREEZE - MS/MPhil

I _____ S/D/W/o _____ Student of _____

_____ would like to freeze Fall Spring semester 20____
(Program/Semester/Class/Section)

The reason for dropping this semester is _____

Tel # (Res) _____ Mob # _____ E-mail ID _____

I UNDERTAKE:

1. I have qualified the previous semester with CGPA _____ (Copy of transcript / website result is attached)
2. I have deposited tuition fee of the semester I am going to freeze. (Copy of paid fee slip is attached).
3. I understand that the university management reserves the right to offer the semester I am going to freeze as and when suits to the university depending upon the availability of faculty and other required facilities.
4. I understand that I have to complete my all degree requirements within the given maximum allowed period for the program I am enrolled in and for the semester I am going to freeze no extra time will be allowed to me.
5. I understand that full fee and half fee will be adjusted to the next semester if the semester is frozen within 1st and 2nd week respectively. For the semester frozen afterward (till 3rd week from the final examination) No fee will be adjusted to the next semester.
6. I understand that I have to resume the studies in the next semester otherwise my name would be struck off from the University roll

Date: _____ Student's Signature _____

HOD'S OFFICE USE ONLY

The name of the above student has been entered in the semester freeze list.

Frozen before commencement of semester (No Fee Required)	Approved with full fee adjustment	Approved with Half fee adjustment	Approved without fee adjustment
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Date: _____ Student Advisor _____ PGP Coordinator _____ Head of the Department _____

STUDENT'S RECEIPT

REQUEST FOR SEMESTER FREEZE (MS / M.Phil / PhD)

NOTE: (Student should preserve this slip till joining the next semester and till such time he/she receive his/her Final Transcript)

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_____ would like to freeze: Fall Spring semester 20____
(Program/Semester/Class/Section)

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Date: _____ Student Advisor _____ PGP Coordinator _____ Head of the Department _____