



BAHRIA UNIVERSITY –ISLAMABAD CAMPUS

SEMESTER FREEZING FORM- MASTER DEGREE PROGRAM

(MS, M.Phil Program Only)

1. Enrollment No _____ Reg No _____ Name _____
Father Name _____ Degree Program _____ Current Semester _____
2. Course register for current semester YES/NO: _____ Reason for freezing _____
3. I, will join again in semester _____ Spring _____ Fall _____
Note: (Only one semester can freeze at one time)
- Email: _____
Contact No: _____ dated. _____
- Student Signature**

4. **ACCOUNTS OFFICE**
- Remarks by Account section: _____
- Manager Accounts**

REMARKS BY THE RESPECTIVE DEPARTMENT

5. It is certified that courses have/haven't been registered by the student.
- a. Recommended for semester freeze with adjustment of fee as per following:
- | | | | |
|--|-----------------------------------|-----------------------------|----------------------------------|
| Upto 10 th Days: | <input type="text" value="100%"/> | Upto 15 th Days: | <input type="text" value="80%"/> |
| Upto 20 th Days: | <input type="text" value="60%"/> | Upto 30 th Days: | <input type="text" value="50%"/> |
| 31 st day onwards Without fee Adjustment: | | <input type="text"/> | |
- b. The name of student has been entered in semester freezing list.

Departmental Coordinator
Sign & Stamp

PG Coordinator
Sign & Stamp

Head of Department (HOD)
Sign & Stamp

6. **(ONLY COMPLETE, IF THE STUDENT IS IN 1ST SEMESTER)**

Document status /Remarks by the admission office:

Head Admission Cell

7. Documents status/Remarks by the Exam cell _____
8. Recommended/not recommended by Head Examination cell

Head Exam Cell

9. Approved/Not Approved **Director Academics**
10. For record & action Exam cell
11. Copy of the completed form to be uploaded on CMS

(See over leaf for instruction)

INSTRUCTIONS

1. DECLARATION:

- (I). I have qualified the previous semester with CGPA_____
- (II). I have deposited tuition fee of the semester I am going to freeze
- (III) 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.
- (IV) 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.
- (v) I understand that full fee and half fee will be adjusted to the next semester if the semester is frozen within 1" and 2" weeks respectively. I also understand that the semester frozen afterward (till 3rd week from the final examination), No fee will adjust to the next semester.
- (vi) I understand that I, have to resume the studies in the next semester otherwise my name would be struck off from the university roll.

2. The above instruction have been read and understood.

Note: Confirmation of "approval/not approval" is the entire responsibility of the student. They may be confirmed after 05 working days from date of submission

Student Sig: _____
Name: _____
Enrollment: _____
Degree Programme: _____
Date: _____
Ph# _____