Khwaja Fareed University of Engineering and Information Technology, Rahim Yar Khan

APPLICATION FORM FOR FREEZING OF SEMESTER

(To be submitted to the Office of the Registrar) **Department:** Program: **Application for Freezing of:** (Tick Appropriate Box Below) Two Semesters (Fall/Spring _____ & Fall/Spring _____) One Semester (Fall/Spring ____) STUDENT'S PARTICULARS _____ 2. Reg. No. ___ (As per Matric Certificate - IN BLOCK LETTERS) _____ 4. Student's CNIC No: ___ Father's Name: ___ (IN BLOCK LETTERS) Reason(s) for Requesting Semester(s) Freeze (Please Attach Photocopies of Supporting Documents, if any): ___ Dated: Contact No.: Signatures of the Applicant FOR OFFICIAL USE ONLY **HEAD OF DEPARTMENT** Observations / Recommendations: _____ ☐ RECOMMENDED / ☐ NOT RECOMMENDED (Signatures with Stamp) Forwarded to the Office of the Registrar **OFFICE OF THE REGISTRAR** Observations / Recommendations:

UNIVERSITY RULES GOVERNING FREEZING OF SEMESTER(S)

- a. A student enrolled in four years' bachelor's degree program can freeze maximum of two semesters throughout the degree duration.
- b. A student enrolled in two years' master's degree program can freeze maximum of one semester throughout the degree duration.
- c. Freezing of first semester is not allowed, however under special *hardship circumstances freezing of first semester can be considered by the approval of Vice Chancellor.
 - *Iddat, Maternity/Delivery, Death in the immediate family or any other subject to acceptance on justified rationale.
- d. Student can apply for semester freeze before the start of the semester.

Dated: _____