Semester Freeze/Unfreeze Form

Ref.# (Official Use Only):	Roll No:	Date:
Name:	Father Name:	Program:
Current Semesters:	Session:	Student Email:
Contact No:	Department:	Coordinator Name:

Subject of Application: _____

*Please explain the issue here***:**

Freezing Semester:	Registration of Freezing Semester Status:		Date of Registration:	
Total Passed Semesters:	Yes	No	Start	Closed
No of Classing Held:	**Fee Paid Details**		Mid term Exam Status:	
	1st Installment	2nd Installment		
No of Classes Attended:				

Recommendations   **Student's Signature**

Program Manager:	HoD:

FOR OFFICE USE ONLY

Financial Status by Accounts Office:	Fee Paid Details	
Signature & Stamp	1st Installment Paid	2nd Installment Paid

COMMENTS:

Student Incharge: _____

_____

Signature

Decision By Registrar: _____

_____

Allowed to Freeze with Financial Liability	Allowed to Freeze without Financial Liability	Freeze Not Allowed

Signature

Application Forwarded to:		Application Received By:	