**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Form L(Semester Freeze Form)**

Name: Registration No:

Semester: Last Fee Deposit:

Reason for Semester freeze: -

Remarks (if any)

**Student Sign Father/Guardian Sign**

Recommended by Chairman Stamp

Approved by Dean (MCI) Stamp

Manager IT Centre (for issuance of fee slip& Freeze)

Note:-

1. Student concerned will be responsible for any misinformation provided in this form.

2. Please attached University Clearance, Own CNIC, Father/Guardian CNIC.

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Action By: Action Date: