MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN
<u>DEFERRAL OF STUDIES (FREEZING) FORM</u>
<u>(To be submitted to Chairman's Office)</u>

Name of Student	**Registration Number**

<u>Department</u>: _____

It is requested that I may be allowed to freeze <u>ONE/TWO</u> (delete one) semester(s). It is certified that I understand the University Policy in this regard.

Reason for Deferral:_____

_____

_____

SEMESTER (S) _____   **Year _____**
(Give Semester Name(s) like Fall and/or Spring and Year)

Date: _____   Signature: _____

<u>Students will not write below this line</u>

No._____   Dated: _____

Recommended and forwarded to the Dean of Faculty for approval.

Dated: _____   <u>Chairman</u>

No._____   Dated: _____

Approved and forwarded to CAC for notification.

Dated: _____   <u>Dean of Faculty</u>

<u>Convener Admission's Committee</u>

<u>Deferment (Freezing) Policy</u>
(As per Semester Rules and Regulation)