



GUJRAT INSTITUTE OF MANAGEMENT SCIENCES

PMAS AAUR RAWALPINDI

(Chartered by the Govt. of the Punjab; Recognized by the HEC)

**SEMESTER FREEZE FORM**

Semester to be freeze:

(a) Fall 20.... ☐

(b) Spring 20.... ☐

Name: \_\_\_\_\_ S-D/O: \_\_\_\_\_ Contact: \_\_\_\_\_

Registration no. \_\_\_\_\_ -Arid- \_\_\_\_\_, Program: \_\_\_\_\_, Current Semester: \_\_\_\_\_

**Reason for semester Freeze:**

(State the reason for your request of semester freeze with documentary proof)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*My signature below certifies that I understand that:*

- The form will be submitted before or on the deadline for the freeze of semester as per notified semester calendar.
- This Freeze Application will be considered only for the current Semester. In the start of next semester, I have to request through application to unfreeze before the start of new session.
- If discontinuation is prior to Enrollment in a semester (Date of Commencement of Semester according to Academic Calendar), I do not have to pay the fees, other-wise will pay the semester fee.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

**STEP 1: DEPARTMENTAL COORDINATOR:**

(For record purpose)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STEP 2: Director Academics:**

(Approved and forwarded to the department for further necessary action.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(original to Student's File)*

**FOR OFFICE USE ONLY:**

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_