

LAHORE UNIVERSITY OF MANAGEMENT SCIENCES OFFICE OF THE REGISTRAR



SEMESTER OFF/SEMESTER WITHDRAWAL

Form RO-W [Ver. 1.3] Updated on: May 2015

For the student: Students may request to take one or more than one regular semester off (Fall, Spring). Summer semester is optional and does not need to be reported. Freshmen are not allowed to take their first semester off. It is entirely the student's responsibility to complete his/her graduation requirements on time as taking a semester off may result in a delay in graduation. The University will anticipate your return based on the semester indicated in this form. For clarity of Fee. Please contact Accounts Office

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Student Na	Student Name <u>Shoaib Hasan</u>														Email(Other than LUMS)								
Landline #									Stude	udent Cell #													
Parent/gua	Parent/guardian's Cell #_03581251368 Pare													ice #									
Postal Add	ress_	Lor	em ips	sum ce	estas t	aciti																	
Request f					S	Semester Off/With drawl request for																	
☐ Semester Off																							
☐ Semester Withdrawal											☐ Fall ☐ Spring 20												
Reason(s)		Sem	este	r Off	/ Wi	thdra	iwal			E	xpec	ted S	Seme	ster	of Ret	urn							
☐ Academi	Academics													Expected Semester of Return Fall Spring 20									
LUMS Bilateral Exchange Programme													ا ت	all L	i Spring		4	20	-				
☐ Visiting Student at other Institution															5					,			
□ Sch	☐ Scholarship/Funded Program													Max Duration to complete the Programme (Yrs)									
Exchange/Visiting/Scholarship Program/Institution Name												Successfully Complete Credit Hours Remaining Credit Hours											
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1	✓ Medical												Have you have taken any semester off previously										
☐ Financ	ial Te	SU O									¥ Yes □ No												
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Others(Please provide details)											yes, 1	IOW II	iaily:										
Faculty Advi	sor 's	Rema	arks								-												
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Name and S	ignati	are or	uie r	acuity	Auvis	501					Dat	E											
Name & Signature of the Departmental Coordinator											Dat	e		 	_								
Name & Sign	Name & Signature of the HoD / Dept. Chair														=								
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The University reserves the right to change the policies at any time.