

LAHORE UNIVERSITY OF MANAGEMENT SCIENCES



The University reserves the right to change the policies at any time.



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

| Roll # | 2 | 0 | 2 | 2 | | 0 | 1 | _ | 0 | 1 | | 8 | | Date | | /19 /MM/YY | | _ | | |
|--|--|---------|---------------|---------|---------|---------|---------|---------|-------------------------------------|----------|---|---|-------------------|-----------------|-----------|---------------|--------|---|--|--|
| Kon # | | | | | | U | ' | | U | | 9 | 8 | | Progra | mme | | | | | |
| Student Na | ame_ | Shak | aib M | irza | | | | | | | | | Email _ | C | | | | | | |
| Landline # | | | | | | | | Stude | Email(Other than LUMS) udent Cell # | | | | | | | | | | | |
| Parent/gua | ardiar | ı's Ce | ell #_ | 03581 | 24569 |) | | | F | aren | t/gua | rdian | ı's Offic | e # <u>0329</u> | 4839567 | | | | | |
| Postal Add | ress_ | | | | | | | | | | | | | | | | | | | |
| Request for : | | | | | | | | | | | Semester Off/With drawl request for | | | | | | | | | |
| ✓ Semester Off | | | | | | | | | | | | | | | | | | | | |
| ☐ Sei | ☐ Semester Withdrawal | | | | | | | | | | ☐ Fall ☐ Spring 20 | | | | | | | | | |
| Reason(s |) for | Sem | este | r Off | / Wi | thdra | awal | | | F | vnec | tad (| Samas | ter of De | sturn | | | | | |
| Academics | | | | | | | | | | | Expected Semester of Return Fall Spring 20 | | | | | | | | | |
| ☐ LUMS Bilateral Exchange Programme | | | | | | | | | | | | ⊔ ға | II ⊠ Sprir | ng | 20 | ' | | | | |
| ☐ Visiting Student at other Institution | | | | | | | | | | | | | | | | | | | | |
| | ☐ Scholarship/Funded Program | | | | | | | | | | | Max Duration to complete the Programme (Yrs | | | | | | | | |
| Exchange/Vis | Exchange/Visiting/Scholarship Program/Institution Name | | | | | | | | | | Successfully Complete Credit Hours | | | | | | | | | |
| | | | | | | | | | | R | emain | ing C | redit Ho | ours | | | | | | |
| _ | ☐ Medical | | | | | | | | | | | Have you have taken any semester off previously | | | | | | | | |
| Financ | cial Is | sue | | | | | | | | | ☐ Yes ☐ No | | | | | | | | | |
| Others(Please provide details) | | | | | | | | If | yes, l | now n | many? _ | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Faculty Adv | isor 's | Rema | arks <u>l</u> | orem | ipsum | n cesta | as taci | ti. Nar | n mllis | visl q | uis soc | lales t | tempus. | | | | | | | |
| Name and Signature of the Faculty Advisor | | | | | | | | | | Date | | | | | | | | | | |
| Name & Signature of the Departmental Coordinator | | | | | | | | | | Date | | | | | | | | | | |
| Name & Sig | ınatur | - of +h | |) / Do | ant C | nair | | | | | Dat | Δ | | | | | | | | |
| For Regist | | | | | .ρι. Cl | iall | | | | | Dat | | | | | | | | | |
| _ | | prove | | | Denie | d | | | | | | | | | | | | | | |
| Form Rec | eived | hy | | | | D- | ate | | | | Droc | essed | l By | | Date | of Proc | ossing | | | |
| | udent's | - | | ostel [| | counts | | OCA I | 7 | neis! | | | ary 🔲 | IST 🔲 | Admin/vig | | coonig | | | |