

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	ame_	Mune	eb Ta	hir									Emai	1							
Landline # Stu												EmailOther than LUMS) udent Cell #									
Parent/gua	ardiar	n's Ce	ell #_	0333	12121	15			F	aren	t/gua	rdian	ı's Off	fice #_							
Postal Add	ress_																				
Request f	Request for :											Semester Off/With drawl request for									
Semester Off																					
☐ Ser	☐ Semester Withdrawal										☐ Fall ☐ Spring 20										
Reason(s) for	Sem	este	r Off	/ Wi	thdra	awal					4-d (S		e Dete						
Academics												Expected Semester of Return									
☐ LUMS Bilateral Exchange Programme													⊔ f	Fall ∐	Spring		2	20			
☐ Visiting Student at other Institution																					
☐ Sch	☐ Scholarship/Funded Program											Max Duration to complete the Programme (Yrs									
Exchange/Vis	Exchange/Visiting/Scholarship Program/Institution Name										Successfully Complete Credit Hours Remaining Credit Hours Vestibulum mattis ante eget										
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_	☐ Medical											Have you have taken any semester off previously									
☐ Financ	☐ Financial Issue												☑ Yes □ No								
Others(Please provide details)										If	If yes, how many?										
Class apte	nt taci	ti soci	osqu a	ad litor	a .																
Faculty Adv	isor 's	Rema	arks_																		
Name and Signature of the Faculty Advisor										 Date											
Name & Signature of the Departmental Coordinator										Date											
Name & Sig	Name & Signature of the HoD / Dept. Chair										Dat	e									
For Regist Status :					Denie	d 															
Form Rec	eived	by				Da	ate		_		Proc	essed	I By			Date o	of Pro	cessing	-		
CC: St	udent's	s file	□ н	ostel	Ac	counts	; 🗆	OSA	Fina	ancial A	Aid 🔲	Libra	ary [] IST	☐ Adr	min/vig	ilance				

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