



**SEMESTER OFF/SEMESTER WITHDRAWAL**

**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

Date 12/05/19  
DD/MM/YY

Roll #

2	0	1	9	-	1	0	-	0	0	1	8
---	---	---	---	---	---	---	---	---	---	---	---

Programme \_\_\_\_\_

Student Name Kamran Nadeem Email kamran@somemail.com

Landline # 3225566989 Student Cell # 038796545698 (Other than LUMS)

Parent/guardian's Cell # \_\_\_\_\_ Parent/guardian's Office # \_\_\_\_\_

Postal Address \_\_\_\_\_

**Request for :**

- ☒ Semester Off  
☐ Semester Withdrawal

**Reason(s) for Semester Off/ Withdrawal**

☐ **Academics**

- ☐ LUMS Bilateral Exchange Programme  
☐ Visiting Student at other Institution  
☐ Scholarship/Funded Program

Exchange/Visiting/Scholarship Program/Institution Name \_\_\_\_\_

☐ **Medical**

☒ **Financial Issue**

☐ **Others** (Please provide details) \_\_\_\_\_

**Semester Off/With drawl request for**

☒ Fall ☐ Spring 20 1 8

**Expected Semester of Return**

☐ Fall ☐ Spring 20 \_\_\_\_

Max Duration to complete the Programme \_\_\_\_\_ (Yrs)

Successfully Complete Credit Hours \_\_\_\_\_

Remaining Credit Hours 50

• Have you have taken any semester off previously

☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

Faculty Advisor 's Remarks Maecenas dapibus iaculis leo, id porta elit gravida quis

Name and Signature of the Faculty Advisor \_\_\_\_\_

Date \_\_\_\_\_

12/05/19

Name & Signature of the Departmental Coordinator \_\_\_\_\_

Date \_\_\_\_\_

Name & Signature of the HoD / Dept. Chair \_\_\_\_\_

Date \_\_\_\_\_

**For Registrar Office use only**

Status : ☐ Approved ☐ Denied

Junaid Rashid

25/11/19

Form Received by

Date

Processed By

Date of Processing

CC: ☐ Student's file ☐ Hostel ☐ Accounts ☐ OSA ☐ Financial Aid ☐ Library ☐ IST ☐ Admin/vigilance

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

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