



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

Roll #

2	0			-			-			
---	---	--	--	---	--	--	---	--	--	--

Date _____

DD/MM/YY

Programme _____

Student Name _____ Email _____

(Other than LUMS)

Landline # _____ Student Cell # _____

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__ __

Expected Semester of Return

☐ Fall ☐ Spring 20__ __

Max Duration to complete the Programme _____ (Yrs)

Successfully Complete Credit Hours _____

Remaining Credit Hours _____

- Have you have taken any semester off previously

☐ Yes ☐ No

If yes, how many? _____

Faculty Advisor 's Remarks _____

Name and Signature of the Faculty Advisor _____

Date _____

Name & Signature of the Departmental Coordinator _____

Date _____

Name & Signature of the HoD / Dept. Chair _____

Date _____

For Registrar Office use only

Status : ☐ Approved ☐ Denied

Form Received by _____

Date _____

Processed By _____

Date of Processing _____