



Bahria University
Discovering Knowledge

MS-6

BAHRIA UNIVERSITY _____ CAMPUS

Registration # _____

Enrollment # _____

Class/Section: _____

The Head of Department
Bahria University _____ Campus

REQUEST FOR SEMESTER FREEZE (MS/MPHIL/PHD)

Dear Sir,

I, _____ S/D/W/o _____ student of
class/section _____ would like to drop the following course(s) during
Spring / Fall 20____, as semester:

Tel # (Res) _____ Mob # _____ Email: _____

UNDERTAKING:

1. I have qualified the previous semester with CGPA _____ (copy of transcript/website result is attached).
2. I have deposited tuition fee of the semester I am going to freeze. (copy of paid fee slip is attached).
3. I understand that the management reserves the right to offer the semester I am going to freeze as and when suits to the university depending upon the availability of faculty and other required facilities.
4. I understand that I have to complete my all degree requirements within the given maximum allowed period for the programme I am enrolled in and for the semester I am going to freeze no extra time will be allowed to me.
5. I understand that full fee and half fee will be adjusted to the next semester if the semester is frozen within first and second week respectively. For the semester frozen afterward (till third week from the final examination). No fee will adjusted to the next semester.
6. I understand that I have to resume the studies in the next semester otherwise my name would be struck off from the university roll.

Date: _____

Student's Sign _____



HOD's Office use only

The name of the above student has been entered in the semester freeze list.

Frozen before commencement of semester (no fee required)

Approved with full fee adjustment

Approved with half fee adjustment

Approved without fee adjustment

Date: _____ Student Advisor PG Coordinator Head of the Department

STUDENT'S RECEIPT

REQUEST FOR SEMESTER FREEZE (MS/MPHIL/PHD)

Note: (Student should preserve this slip till joining the next semester and till such time he/she receive his/her Final Transcript)

I, _____ S/D/W/o _____ student of _____ class/section _____ would like to freeze Spring/Fall 20____.

The reason for dropping this semester is _____

Frozen before commencement of semester (no fee required)

Approved with full fee adjustment

Approved with half fee adjustment

Approved without fee adjustment

Date: _____ Student Advisor PG Coordinator Head of the Department