



BAHRIA UNIVERSITY - LAHORE CAMPUS

SEMESTER FREEZING FORM (For UG Programs only)

Dated: _____

1. Enrolment #: _____ Reg _____
2. Student's Name: _____ Son/Daughter of _____
3. Class: _____ Section _____
4. Contact # _____ 5. Registered for current semester Yes No
6. Fee Deposited: Yes No Amount _____ Dated: _____
7. Reason for Freezing the Semester: _____
8. Will join again: Fall _____ Spring _____
- Parent/Guardian Signature _____ Student's Signature _____
- Contact # : _____

9. Verification by Accounts Section: _____ Manager (Accounts) Sign _____

10. Academic Standing GPA/CGPA: _____

11. Recommendation: _____

Frozen before commencement of semester (no fee required)	Approved with full fee adjustment	Approved with half fee adjustment	Approved without fee adjustment
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Students' Advisor Sign
Dated: _____

Head of Department Sign
Dated: _____

12. Documents Status _____

13. Recommendation by DD (Academics) _____

Deputy Director (Academics)

Approved/Not Approved:

For Record & Action:

Director Campus

Asst. Director (Examinations)

STUDENT'S RECEIPT

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 _____

Date: _____

Student Advisor / Head of the Department

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 _____