BAHRIA UNIVERSITY –ISLAMABAD CAMPUS

SEMESTER FREEZING FORM- (ALL BACHELOR PROGRAMME & MBA)

Dated: ___/ ___/ 2024

1. Enrollment No _____ Reg No_____ Name _____

Father Name_____ Degree Programme _____Current Semester _____

2. Course register for current semester **YES/NO**: _____ Reason for freezing _____

3. I, will join again in semester **Spring** _____ **Fall**_____

Note: (Only one semester can freeze at one time)

Parent /Guardian Signature
Contact No:_____

Student Signature
Contact No:_____

ACCOUNTS OFFICE

4. Remarks by Account section: _____

Manager Accounts

REMARKS BY THE RESPECTIVE DEPARTMENT

5. It is certified that **courses have been registered** by the student.

a. Recommended for semester freezing with
adjustment of: Full Fee ☐ With Half Fee ☐ Without Fee ☐

b. The name of student has been entered in semester freezing list.

Signature& stamp:
Student Advisor

Signature& stamp:
Head of department (HoD)

(ONLY BE COMPLETE, IF THE STUDENT IS IN 1ST SEMESTER)

6. Document status /Remarks by the admission office:

_____

Signature & tamp
Head Admission Cell

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7. Documents status/Remarks by the Exam cell_____

8. Recommended/not recommended by head Examination cell

Signature _____
Head Exam cell

9. Approved/Not Approved **Director Academic**

10. For record & action Exam cell

(10)

(See over leaf for Instruction)

INSTRUCTION

1. DECLERATION:

(I). I have qualified the previous semester with CGPA_____

(II). I have deposited tuition fee of the semester I am going to freeze

(III) I understand that the university 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.

(Iv) understand that I have to complete my all degree requirements within the given maximum allowed period for the program I am enrolled in and for the semester I am going to freeze no extra time will be allowed to me.

(v) I understand that full fee and half fee will be adjusted to the next semester if the semester is frozen within 1" and 2" weeks respectively. I also understand that the semester frozen afterward (till 3rd week from the final examination), No fee will adjusted to the next semester.

(vi) I understand that I, have to resume the studies in the next semester otherwise my name would be struck off from the university roll.

3. The above instruction have been read and understood.

Note: Confirmation of "approval/not approval" is the entire responsibility of the student. They may be confirmed after 05 working days from date of submission

Student Sig:_____
Name: _____
Enrollment:_____
Date:_____
Ph. _____