FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY, ISLAMABAD

Application for Admission Cancellation

		IE:
CNIC:		-
DEPARTMENT:	PROGRAM:	SEMESTER:
SECTION:SHIFT:	MIS ID:	Cell No:
STUDENT DECLARATION		HOD REMARKS/RECOMMENDATION
It is stated that I want to cancel my admiss:		
university due to	·	
I hereby declare that the information provide	ded above is	
true to the best of my knowledge.		
Signature of Applicant:		
Date://		Signature of HOD: ———————————————————————————————————
Examination Status: view DMC along w	vith detail's of su	pplementary exams is required
Superintendent:		Assistant Controller:

Fee Section (Fee Status is required, as per exams remarks)		
FEE SECTION	DIRECTOR ACCOUNTS	
Academic:		
Superintendent:		
Additional Registrar:	In charge Campus:	
Note:- Please attach documents and mark it 🗸		
 Student university card photocopy Student CNIC photocopy 		