FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY, ISLAMABAD

Application for Semester D-Freeze

NAME:	FATHER NAME:	
CNIC:	- - -	
DEPARTMENT:	PROGRAM:	SEMESTER:
SECTION: SHIFT:	MIS ID:	Cell No:
STUDENT DEC	LARATION	HOD REMARKS/RECOMMENDATION
It is stated that, I want to D-Free	ze mysemester in	
session Spring/Autu	mn I hereby	
declare that the information provided above is true to the best		
of my knowledge.		
Signature of Applicant: Signature of HOD:		
		Signature of 110D.
Date://		
Date //		Date://
Academic:		
Superintendent:		
Additional Registrar:	In o	charge Campus:
Note:- Please attach documents and	mark it	
 Student university card pl Semester Freeze Letter 	- ·	