FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY, ISLAMABAD

Application for Semester Freeze

NAME: FATHER NAME:						
CNIC:		-			-	
DEPARTMENT:			PROGRAM:			SEMESTER:
SECTION:	SHIFT:		MIS ID:			Cell No:
STUDENT DECLARATION						HOD REMARKS/RECOMMENDATION
It is stated that I want to freeze mysemester in						
session Spring/Autumn I hereby declare that						
the information provided above is true to the best of my						
knowledge.						
					Signature of HOD:	
Signature of Applicant:						
Date ://						Date://
Academic:						
Superintenden	t:					
Additional Registrar: In char						charge Campus:
Note:- Please atta	ach documents a	and mark it	/			
1. Student univ						
2. Fee's Deposit	-					