

FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY, ISLAMABAD

Application for Continuation of Study

NAME: _____ FATHER NAME: _____

CNIC:

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DEPARTMENT: _____ PROGRAM: _____ SEMESTER: _____

SECTION: _____ SHIFT: _____ MIS ID: _____ Cell No: _____

STUDENT DECLARATION	HOD REMARKS/RECOMMENDATION
<p>It is stated that , I want to continue my study after the gap of semester in session spring/autumn/summer _____. I hereby declare that the information provided above is true to the best of my knowledge.</p> <p>Signature of Applicant:</p> <p>_____</p> <p>Date: __ / __ / ____</p>	<p>Signature of HOD:</p> <p>_____</p> <p>Date: __ / __ / ____</p>

Examination Status: view DMC along with current status i.e gap of semester, promote or drop are required.

Superintendent: _____ **Assistant Controller:** _____

Academic:

Superintendent: _____

Additional Registrar: _____ **In charge Campus:** _____

Note:- Please attach documents and mark it ✓

1. Student university card photocopy

2. Student CNIC photocopy