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 DECLARATION	HOD REMARKS/RECOMMENDATION
It is stated that , I want to D-Freeze my _____semester in session Spring _____/Autumn_____. I hereby declare that the information provided above is true to the best of my knowledge. **Signature of Applicant**: _____ **Date**: __ / __ / ____	**Signature of HOD**: _____ **Date**: __ / __ / ____

Academic:

_____

_____

_____

_____

Superintendent: _____

Assistant Registrar: _____ **Vice Chancellor**: _____

Note:- Please attach documents and mark it ✓

1. Student university card photocopy ☐
2. Semester Freeze Letter ☐