

University of Management and Technology

Semester Freeze Form

	I.D. No.:				Date:	
	Last Name/Surn	ame:	First	Name:	Middle Name:	
	Program:			Semester —	Spring □/Summer □/Fall □	
	Email: Contact No.:					
	Semester Freez	e: Spring	Summer 🗆 /	Fall 🗖		
	State the Reason	n:				
					Evidence(s) attached Yes □ No □	
					articipant Signature:	_
Advisor I	Recommendation				. 0	
Advisor I	Name and designat	<u>ion:</u>				
stamp:						
			(Fe	or Office use o	nly)	
	Office of the Regi	strar				
	_		N All	10		
	Allowed		Not Allowe	ed 🖵		
	Signature					
	Guidelines regarding Semester Freeze:					
					or other plausible reasons (duly supported by	
	documen approval.	•	ce of the Registrar	at least fiftee	n days before the Add/Drop period for	
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