



University of Management and Technology
Semester Freeze Form

I.D. No.: [] Date: _____
Last Name/Surname: _____ First Name: _____ Middle Name: _____
Program: _____ Semester: Spring [] / Summer [] / Fall [] [] [] [] []
Email: _____ Contact No.: _____
Semester Freeze : Spring [] / Summer [] / Fall [] [] [] [] []

State the Reason: _____

Evidence(s) attached Yes [] No []

Participant Signature: _____

Advisor Recommendation

Advisor Name and designation: _____

Stamp: _____

(For Office use only)

Office of the Registrar

Allowed [] Not Allowed []

Signature

Guidelines regarding Semester Freeze:

- Participant may apply for semester Freeze for medical or other plausible reasons (duly supported by documents) to the Office of the Registrar at least fifteen days before the Add/Drop period for approval.
The right of the participant to resume studies immediately after this period is taken for granted, without any additional dues. In such cases, the participant should apply to Office of the Registrar, at least 15 days before the commencement of the semester.
Failure to resume studies after the approved Semester Leave period, may result into cancellation of admission. However, a letter of warning shall precede admission cancellation.
First Semester cannot be frozen.

University of Management and Technology
Acknowledgement Receipt
Semester Leave Form

Semester: Spring [] / Summer [] / Fall [] [] [] [] []

Participant Name : _____ I.D. No. _____

Recipient Signature: _____ Date: _____