



UNIVERSITY OF MANAGEMENT AND TECHNOLOGY SIALKOT CAMPUS

Semester Leave Form

ID No:

Date:

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Program (current): _____ Semester: Spring / Summer / Fall

Email: _____ Contact No: _____

Semester: Spring / Summer / Fall

State the Reason: _____

Evidence(s) attached Yes No

Student's Signature: _____

(For Office Use Only)

Office of the Registrar

Allowed Not Allowed

Signature: _____

Guidelines Regarding Semester Leave:

- Participant may apply for semester leave up to two semesters 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 can't be frozen.

**UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - SIALKOT CAMPUS
Acknowledgement Receipt: Semester Leave Form**

Semester: Spring / Summer / Fall

Participant's Name: _____

Recipient Signature: _____

ID No: _____

Date: _____