

Tracking ID:	
Hacking ID.	

University of Management and Technology

Semester Freeze Form

	First Name:	
Program:	Semester: Spring \(\sigma/\)Si	ummer 🖵/Fall 🖵 📗 📗
Email:	Contact No.:	_
Semester Freeze: Spring 2 /	'Summer □ / Fall □	
State the Reason:		
	Participant Sign	ature:
Clea	rance Requirements by the Parti	cipant
Name of Daniel America	S!4	C4
Name of Department	Signature	Stamp
ibrary		
PC Lab		
	+	
Participant Accounts Office		
	(For Office use only)	
Office of Participant Relationship Management (OPRM)	Office of the R	legistrar
vidence (if required)		
Original SID Card	Allowed: Not A	Allowed
aid Voucher (if Applicable)	Signatura	
	Signature:	
ture:		

${\it Guidelines\ regarding\ Semester\ Freeze:}$

I.D. No.:

- Participant may apply for semester Freeze for medical or other plausible reasons (duly supported by documents) to the Office of Participant Relationship Management (OPRM) 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 Participant Relationship Management (OPRM), 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.