



**UNIVERSITY OF MANAGEMENT AND TECHNOLOGY
SIALKOT CAMPUS**

Semester Freeze Form

ID No:

Date: / /

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

Program: _____ Semester: Spring / Summer / Fall

Email: _____ Contact No: _____

State the Reason

Student's Signature: _____

Head KU Signature/Batch Advisor: _____

Name of Department	Signature	Stamp
Learning Resource Centre (LRC)		
Information Processing Centre (IPC)		
Office of Treasurer (OTR)		

(For Office Use Only)

Office of the Registrar

Evidence (if required)

Original SID Card

Paid Voucher (if Applicable)

Signature: _____

Date: _____

Guidelines regarding Semester Freeze:

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