

SEMESTER OFF / FREEZ FORM

Director Registration & Examination

Karachi

Institute

I, _____, Registration No. _____

do not intend to register in the _____ semester.

As I want to take this semester off due the following reson(s):

I request you to kindly grant me leave of absence during the said period.

Student's Signature

Date: _____

Academic Officer
for Director of college

Registration Officer

SEMESTER OFF FORM (Student Copy)

Student's Name _____ Reg. # _____

Batch _____

The undersigned acknowledges receipt of the approved Semester Off Form.

Registration Officer: _____

Date: _____