



# COMSATS University Islamabad

Wah Campus

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ACAD 2

## SEMESTER FREEZE FORM

Semester to be freeze:                      Fall20 \_\_\_\_\_                      Spring20 \_\_\_\_\_

Name of Student	Registration Number
Department	Student Program / Current Semester

**Reason for semester Freeze:**

(State the reason for your request of semester freeze with documentary proof)

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***My signature below certifies that I understand that:***

- ❖ Semester will be mentioned in the transcript as freeze.
- ❖ The freeze semester will be counted towards the maximum permissible number of semesters.
- ❖ The form will be submitted before or on the deadline for the freeze of semester as per notified semester calendar.

**Student Signature**

Date:

**Official Use only**

➤ **STEP 1: CLASS COUNSELOR:**

I have discussed class performance with the student

Class Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

➤ **STEP 2: DEPARTMENTAL COORDINATOR OFFICER:**

For record purpose

DCO Signature \_\_\_\_\_ Date: \_\_\_\_\_

➤ **STEP 3: HEAD OF DEPARTMENT:**

Approved and forwarded to the Academic Section for further necessary action.

Head of the Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ **STEP 4: Submission of form to Academic Section.**