



Request for Semester Freeze

Student Particulars			
Name		Registration No.	
Department		Program	<input type="checkbox"/> Master <input type="checkbox"/> PhD
Contact No.		Email	
Date of Admission		Coursework Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposal Defence Date		Proposal Accepted by BASR	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name		Co-Supervisor Name	
Research Topic			
Semester Freezing Request			
Freezing Semester Name			
CGPA		Time available for degree completion	
Justification for Semester Freeze			

Undertaking by Student
<p>1. I have qualified the previous semester with required GPA. (Freezing of first semester or any of research semester (s) is not allowed. However, under special *hardship circumstances freezing of first semester can be considered by the approval of competent authority. (Iddat, Maternity/Delivery, Death in the immediate family or any other subject to acceptance on justified rationale). 2. I have deposited tuition fee of the semester, I am going to freeze. (copy of paid fee slip is attached). 3. I understand that the management reserves the right to offer the semester I am going to freeze as and when suits to the university depending upon the availability of faculty and other required facilities. 4. I understand that I have to complete my all degree requirements within the given maximum allowed period for the program I am enrolled in and for the semester I am going to freeze no extra time will be allowed to me. 5. I have attached all supporting documents to support my application 6. I understand that I have to resume the studies in the next semester otherwise my name would be struck off from the university roll.</p>

Student's Signature: _____ **Date:** _____

Remarks / Approvals		
Head of Department	Remarks: _____	Sig & Date: _____
Dean of the Faculty	Remarks: _____	Sig & Date: _____
PGP Directorate	Remarks: _____	Sig & Date: _____
Vice Chancellor:	(Signature & Date)	