



# COMSATS University Islamabad, Vehari Campus

## Student Request Form (For Freeze of Semester)

Date: \_\_\_\_/\_\_\_\_/20\_\_

Registration No. \_\_\_\_\_ Name: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Semester freeze:                      Spring 20.....                       Fall 20.....

Reason:.....  
.....  
.....  
.....  
.....

Documentary Evidence in Case of Semester Freeze (if applicable) Ye       No

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Recommendation by HoD**

\_\_\_\_\_  
**Assistant Registrar (Academics)**