



COMSATS University Islamabad, Vehari Campus

Student Request Form

Date: ____/____/20__

Registration#: _____ Name: _____

Department: _____ Program: _____

Course (s) to be withdrawn: Yes No

Sr.#	Course Code	Course Name

Semester to be withdrawn: Yes No

(For semester withdrawal, state “serious and compelling” reason with documented proof)

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

Reason:.....

 ...

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

Student Signature

Recommendation by HoD

Assistant Registrar (Academics)