



QUAID-I-AZAM UNIVERSITY ISLAMABAD

OFFICE OF CONTROLLER OF EXAMINATIONS

PROFORMA FOR FREEZE/DROP OF SEMESTER

FOR STUDENT USE ONLY

I _____ S/o, D/o _____

Reg.# _____ Program (ADP/BS) _____ Discipline _____ student of
(college name) _____ to freeze/drop my semester i.e., Spring / Fall - 20 _____
due to the following reason(s):

(Relevant documents are attached herewith)

Dated: _____

Student's Signature

The relevant rules regarding freeze /drop of semester are as under:

- 4.1 If a student, due to an acceptable reason, is unable to pursue his/her studies in a particular semester, he/she may request for freezing of the said semester. A student will not be allowed freezing of the first semester of his/her studies.
- 4.2 A student shall be allowed to apply for freezing of at the **most two semesters (for BS) and one semester (for ADP)** in his/her entire program of studies. The application must be submitted **within 45 days** from the commencement of classes. Only in exceptional circumstances of medical emergency of the student or fatality of immediate family member, the University may allow freezing of semester after 45 days.
- 4.3 The case for freezing of the semester shall be decided by the Dean of the Faculty on the recommendation of the Principal of the respective College and the decision shall be communicated to the Controller of the Examinations for notification.
- 4.4 Being allowed a semester freeze by the Dean of the Faculty, the student who has deposited/paid the tuition fee for the frozen semester may request for refund. In such case the College shall deduct 25% of the tuition fee deposited and the remaining 75% shall be reimbursed to the student.
- 4.5 Being allowed a semester freeze by the Dean of the Faculty, the student have to complete the degree requirements **within six (6) years (for BS) and three (3) years (for ADP)** from the date of his/her first admission (including the period of the semester (s) declared to have been frozen).

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The Last date of freezing/dropping the semester is/was _____ and he/she is eligible for the drop/freeze of _____ semester (Fall/ Spring _____). The relevant documents are attached herewith for further processing.

Principal's Signature & Stamp with date
(concerned college)

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The application Proforma was received on _____, the same may please be forwarded to PMO for comments
(in case of medical emergency of student or fatality of immediate family member).

Superintendent's Signature

Asstt./Deputy/ Controller of Examinations

The student is:

Comments by PMO (if required)

Eligible	Not Eligible
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PMO's Signature

Dean, Faculty of Social Sciences /Biological Sciences/Natural Sciences

Approved	Not Approved
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Controller of Examinations

Notify	Regret
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Notified vide Notification No. _____ dated _____. Signature of Dealing clerk _____