

FOUNDATION UNIVERSITY
Rawalpindi Campus

FURC-ADMW-SAO-2-F-14

SEMESTER DROP FORM

Name: _____ Father's / Guardian's Name: _____

Registration No.: _____ Program : _____

Current Semester _____ CGPA: _____ Contact No _____

Semester to be dropped: Fall Spring 20____

Any Previous Semester dropped/freezeed: From: _____ To: _____

Justification for drop of semester: _____

I understand that my degree program will be required to be completed within the maximum possible duration approved b the University.

Date: _____ Student's Signature: _____

HoD
Recommended / Not Recommended

Signature: _____ Date: _____

Dean
Recommended / Not Recommended

Signature: _____ Date: _____

Pro Rector / Director
Recommended / Not Recommended

Signature: _____ Date: _____

Rector FUI
Approved/Not Approved

Signature: _____ Date: _____

Relevant Deptt:

Accounts Office:

FOUNDATION UNIVERSITY

Rawalpindi Campus

UNDERTAKING

I, _____ S/D/O _____ Reg _____
Program _____ Batch _____ declare that :-

- (a) I desire to freeze the Semester _____.
- (b) My current CGPA is _____
- (c) I have dropped / freezed the following Semester(s):- _____

(1) _____

(2) _____

- d. I also understand that I have to fulfill all the requirements of the degree within the prescribed time frame.
- e. I shall abide by the time duration of program as laid down by the University Authorities.

Signature of Father / Guardian :

Signature of Student:
