**DEFERRAL OF STUDIES (FREEZING) FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** |  | **Registration Number** |  |
| **Mobile No** |  | **Email address** |  |

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is requested that I may be allowed to freeze ONE/TWO (delete one) semester(s). It is certified that I understand the Institute Policy in this regard.

Reason for Deferral (attached Documentary evidence & undertaking): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SEMESTER(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Give Semester Name(s) like Fall and/or Spring and Year)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students will not write below this line

Recommended and forwarded to Dean Office

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOD

Approved and forwarded to Finance office

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean (IST)

Applicant has cleared his/her Fee/Dues

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finance Office

Admission's Office use only

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD (Admission)

(On Stamp Paper valued Rs 100/-)

Duly attested by Notary Public

**UNDERTAKING**

I, \_\_\_\_\_\_\_\_\_\_\_ son/ daughter of \_\_\_\_\_\_\_\_\_\_\_ solemnly undertake that:

1. I have applied for the semester freeze for the FALL/Spring 20\_ \_ semester.

2. I will be responsible to complete my degree requirements within the maximum time allowed by PEC/HEC.

3. I fully understand that Institute will not make any special arrangements for my remaining studies.

4. I shall pay Semester Freeze Charges Rs.5000 in time. (Charges once paid is non-refundable in any case)

5. I shall not claim hostel accommodation/scholarship/financial assistance as a matter of right, if Semester Freeze application is approved.

6. I understand that if any document/certificate submitted by me is later found to be false or forged, I will be liable to expulsion from the institute.

7. I fully understand all the relevant regulations concerning my Semester Freeze of IST before submitting my application form.

8. I fully understand that in case the semester has been frozen after 4 Weeks from the start of the semester, I will pay full fee.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION BY PARENTS**

I do hereby solemnly affirm that I shall bind myself responsible to the above undertaking signed by my son/daughter and submitted to the institute.

Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS 1 WITNESS 2

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Attestation

Signature

Stamp

Date