



Shifa Tameer-e-Millat University

شفا تعمیر ملت یونیورسٹی

SEMESTER FREEZE APPLICATION FORM*

1. Student Name (as per Matriculation): _____
2. University Registration No.: _____
3. College/Department/Program: _____
4. Last Semester Attended: _____
5. Cumulative GPA: _____
6. Semester freeze application requested for: _____ Semester
7. Tentative date of rejoining: _____
8. Reasons for Semester Freeze (Please provide documentary evidence along):

9. Contact Number: _____ 10. Email Address: _____

Student's Signature & Date

FOR OFFICE USE

Forwarded by: _____ Date: _____

Chairperson Student Affairs Committee

Case discussed in Academic Affairs Committee Meeting No. _____

Endorsed / Not Endorsed by: _____ Date: _____

Academic Advisor

Recommended / Not Recommended by: _____ Date: _____

Chairperson/HOD

Approved/Not Approved by: _____ Date: _____

Dean/Principal

***Note: STMU Semester Freeze Policy:** "Students are not allowed to freeze two consecutive semesters. They are also not allowed to freeze more than two semesters in the total duration of the programme."
(STMU Academic Regulations Chapter No. 5; Section 31; Sub-section e)