

# FOUNDATION UNIVERSITY Rawalpindi Campus

## 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 Leave(s) Taken: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Justification for drop of semester: \_\_\_\_\_

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

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

### For Use of HoD Recommended / Not Recommended

Signature of HoD: \_\_\_\_\_ Date: \_\_\_\_\_

### Dean/Director Recommended / Not Recommended

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

### Rector FUI Approved/Not Approved

Signature of Rector: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Office: \_\_\_\_\_

Exam Branch: \_\_\_\_\_

Asst Manager Student Affairs Office: \_\_\_\_\_

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### 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 degree requirements 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:**

\_\_\_\_\_