

# Government Postgraduate College Mansehra

## Freezing of semester

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

To be submitted to the controller office

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

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

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

Roll No: \_\_\_\_\_

Batch: \_\_\_\_\_

It is requested that I may be allowed to freeze semester. It is certified that I understand the University policy in this regard.

Reason for Deferral (Freezing): \_\_\_\_\_

\_\_\_\_\_

Semester No last attended: \_\_\_\_\_

Semester for Freezing: \_\_\_\_\_

I froze semester before: \_\_\_\_\_

If yes, which semester did you freeze? \_\_\_\_\_

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

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

Date: \_\_\_\_\_ HOD Signature & Stamp: \_\_\_\_\_

Coordinator: \_\_\_\_\_

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

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