Riphah International University, Islamabad

(Lahore Campus)

Semester Freezing Request

**APPLICANT’s INFORMATION:** Date: / /20

Student Name (In Block Letters) as mentioned on Matric Certificate

SAP ID\* CMS ID\* Current Semester:

Current Program\* SGPA/CGPA

Institute Name: Campus:

**Request Reason**\*

Email ID\*: Contact No\*:

Applicant Signature:

**Official Use Application #:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

# Fee Clearance / Remarks from Fee Section:

Signature:

# Program Coordination Office Remarks:

Signature:

# HOD Recommendation:

Signature:

# CAO Approval:

Signature: