



**QARSHI UNIVERSITY
SEMESTER LEAVE / FREEZE FORM**

Annexure – 6

Name: _____

Registration No. _____ Department: _____ Program: _____

CGPA: _____ Total Credit Hours Completed Successfully: _____

E-mail: _____ Contact No.: _____

Semester Leave: Semester: Fall / Spring / Summer

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Reason _____ for _____ availing _____ leave:

Please attach evidence

Date: _____

Signature: _____

To be Filled by parent / guardian

I am aware that Mr. / Ms. _____ is applying for a semester leave. I do not object to the application or the reason provided therein. Qarshi University shall not be liable for decision taken in reply to this application.

Name: _____ Signature: _____

Contact No.: _____ Date: _____

For Office Use

Office of Registrar:

Name / Designation: _____ Signature: _____ Date: _____

Acknowledgement Receipt

Semester Leave Form

Student Name: _____

Registration No. _____

Semester: Fall / Spring / Summer

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Recipient Name / Designation: _____

Recipient Signature: _____