

Proforma for Freeze/Drop of Semester for Ph.D Program

My name is _____ Father's Name _____

Reg. # _____, department of _____ want to freeze/drop my semester-**Spring/Fall, 20**_____ i.e my _____ semester due to following reason:-

(Please attach relevant documents)

(III) The relevant rules regarding freeze/drop of semester are as under:-

If a student, due to an acceptable reason, is unable to pursue his/her studies in a particular semester, he/she may request for freezing of the said semester. A student will not be allowed freezing of the first semester of his/her studies.

(p) A student dropping his/her research programme during the semester shall deem to have dropped the semester.

(q) The student dropping a semester shall be required to pay tuition fee for the semester.

(r) The dropped semester shall be counted towards the maximum period of seven year, required for completion of PHD degree.³

The last date of freezing/dropping the semester is _____.

Student signature with date

Remarks of the Chairperson/HOD

Dean Faculty of _____

Controller of Examinations

Proforma for Freeze/Drop of Semester for BS, BA-LLB Program

My name is _____ Father's Name _____

Reg. # _____, department of _____ want to freeze/drop my semester-**Spring/Fall, 20**_____ i.e my _____ semester due to following reason:-

(Please attach relevant documents)

The relevant rules regarding freeze/drop of semester are as under:-

- 4.1 If a student, due to an acceptable reason, is unable to pursue his/her studies in a particular semester, he/she may request for freezing of the said semester. A student will not be allowed freezing of the first semester of his/her studies.
- 4.2 A student shall be allowed to apply for freezing of at the most two semesters in his/her entire program of studies. The application must be submitted within 45 days from the commencement of classes. Only in exceptional circumstances of medical emergency of the student or fatality of immediate family member, the University may allow freezing of semester after 45 days.
- 4.3 The case for freezing of the semester shall be decided by the Dean of the Faculty on the recommendation of Chairperson/Director of the respective Department/School/ Institute/Centre and the decision shall be communicated to the Controller of the Examinations for notification.
- 4.4 Being allowed a semester freeze by the Dean of the Faculty, the student who has deposited/paid the tuition fee for the frozen semester may request for refund. In such case the University shall deduct 25% of the tuition fee deposited and the remaining 75% shall be reimbursed to the student.
- 4.5 Being allowed a semester freeze by the Dean of the Faculty, the student shall have to complete the degree requirements within six (6) years from the date of his/her first admission (including the period of the semester(s) declared to have been frozen).

The last date of freezing/dropping the semester is _____.

Student signature with date

Remarks of the Chairperson/HOD

Dean Faculty of _____

Controller of Examinations

Proforma for Freeze/Drop of Semester for Pharm.D Program

My name is _____ Father's Name _____

Reg. # _____, department of _____ want to freeze/drop my semester-**Spring/Fall, 20**_____ i.e my _____ semester due to following reason:-

(Please attach relevant documents)

The relevant rules regarding freeze/drop of semester are as under:-

- 6.1 If a regularly registered student does not wish to pursue his/her studies in a particular semester, he/she may request for freezing of the said semester. If the permission is so granted the student can continue his/her studies after the said period is over.
- 6.2 A student will not be allowed freezing of the first semester of his/her studies.
- 6.3 A student shall be allowed to apply for freezing of at the most two semesters in his/her entire program of study. The application must be submitted within four weeks from the commencement of classes. Only in exceptional circumstances of medical emergency of the student or fatality of immediate family member, the University may allow freezing of semester after four weeks.
- 6.4 The case for freezing of the semester shall be placed before the Dean of the faculty by the chairman/chairperson of the Pharmacy department and the decision shall be communicated to the Controller of Examinations.
- 6.5 Being allowed a semester freeze by the Dean of the faculty, the student who has deposited/paid the tuition fee for the frozen semester may request for refund. In such case the University shall deduct 25% of the tuition fee deposited and remaining 75% shall be reimbursed to student.
- 6.6 The student has to complete the degree requirements within fifteen semesters (7-1/2 years) from the date of his/her admission to First Professional (including the period of the semester(s) declared to have been frozen).

The last date of freezing/dropping the semester is _____.

Student signature with date

Remarks of the Chairperson/HOD

Dean Faculty of Biological Sciences

Controller of Examinations