



# SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

## REQUEST FOR DEFERMENT OF SEMESTER

### PART-I To be filled by Student

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

CMS ID \_\_\_\_\_ Program \_\_\_\_\_

No of Semester/s Completed \_\_\_\_\_ CGPA: \_\_\_\_\_

#### Deferment Required for:

Semester: \_\_\_\_\_ Duration: \_\_\_\_\_

#### Reason for Semester Freeze: (Tick relevant reason)

- a). Domestic / Personal Reason  c). Student Exchange Program   
b). Medical Reason  d). Improvement of Grades / CGPA

If other, please specify: \_\_\_\_\_

Specify Details: \_\_\_\_\_

Will re-join after completion of deferment period: Semester \_\_\_\_\_ Date \_\_\_\_\_

Have you already availed deferment/ freeze of Semester (✓):  YES  NO

If yes, please specify the duration and copy of approval from Competent of University.

**Note:** Deferment application must be submitted within first week of start of semester, in case if submitted after seven days, fees will be charged for deferred semester.

Date: \_\_\_\_\_ Signature Applicant: \_\_\_\_\_

#### Please attach:

- Copy of paid Fee Challan of Current Semester

Recommended

Not-Recommended

\_\_\_\_\_  
Head of Concerned Department

### PART II-For Admission Section (Registrar Office)

Application received in Admission Section on dated: \_\_\_\_\_

Certified that the student is registered in Semester: \_\_\_\_\_ student attended class up to date: \_\_\_\_\_

Assistant Manager Admissions  
Sukkur IBA, University

Registrar  
Sukkur IBA, University

Vice Chancellor  
Sukkur IBA, University