



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