**DEFERRAL OF STUDIES (FREEZING) FORM FOR POSTGRADUATE STUDENTS**

(To be submitted to Chairman's Office)

**Name of Student Registration Number**

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

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 It is requested that I may be allowed to freeze ONE/TWO (delete one) semester(s). It is certified that I understand the University Policy in this regard.

Reason for Deferral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SEMESTER (S) \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_**

 **(Give Semester Name(s) like Fall and/or Spring and Year)**

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

Students will not write below this line

**No. \_\_\_\_\_\_\_\_\_\_**  Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended and forwarded to the Dean of Faculty for approval.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chairman**

**No. \_\_\_\_\_\_\_\_\_\_**  Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved and forwarded to CAC for notification.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dean of Faculty**

**Convener Admission's Committee**

**Regulation 19.0**

**Deferment of Studies (Freezing)**

1. Students enrolled in the first semester cannot apply for deferment.
2. There shall be no relaxation in the maximum degree duration period for students seeking deferment.
3. A student may defer studies for at most two consecutive regular semesters, for medical or other circumstances beyond his control, with summer semester not being counted. In such cases, the student shall apply (Form 4) to the Chairperson concerned, at least 15 days before the commencement of the semester, for approval of deferment by the concerned Dean. CAC, after approval, shall notify deferment for a specified period.