



Request Form for Withdrawal/Admission Cancellation Part - A - to be Filled by Student/Parent/Guardian

Application/ Reg No.		Semester/ Year in which admitted:	
Name:		Current Semester:	
Program:		Contact #:	

Students/Parents/Guardians are requested to read and understand fee refund policy before signing below:

Payee / Recipient / Beneficiary Details Name: _____ Relation: Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <small>*(Provide Authority letter in-case of Guardian/Other)</small> Account / IBAN #: _____ Bank Details: _____ Signature: _____ Date: _____	Student Signature Signature: _____ Date: _____ Attach CNIC / B-Form Attach Parent's Guardian's Payee/ Beneficiary CNIC Attach Offer Letter & Payment Slip Application of withdrawal with Reason
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Fee Refund Policy for Fresh Student: 1) As per HEC Letter No. 1-2/Director/R&AA/001/2024 dated May 10th 2024 (available on the website). **2)** Only Security Deposit will be refunded incase failed to meet eligibility criteria after admission. (conditions apply).

Part - B - to be processed by Registrar's Office

Reason for Withdrawal/Admission Cancellation (Please tick the application):

1 Failed to meet admissions eligibility criteria	<input type="checkbox"/> Remarks: _____
2 Voluntary Withdrawal	<input type="checkbox"/>
3 Exit interview by Department Representative	Recommended <input type="checkbox"/>
Remarks: _____	Not Recommended <input type="checkbox"/>

From Received on _____ by Admissions / Registration Office
Date Signature: _____

Recommendation by Dean: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Remarks: _____ Signature (Day & Date) _____
Recommendation by Registrar: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Remarks: _____ Signature (Day & Date) _____
Remarks from Finance Department: _____ Signature (Day & Date) _____	
Approval by Vice Chancellor: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Remarks: _____ Signature (Day & Date) _____

CC	
Admissions:	_____
Academics:	_____
Other:	_____