

SEMESTER OFF FORM

Director Registration & Examination
PAF-KIET
Karachi

I, _____, Registration No. _____
do not intend to register in the _____ semester.

As I want to take this semester off due to the following reason(s):

I request you to kindly grant me leave of absence during the said period.

Student's Signature

Date:

Academic Officer
for Director of College

Registration Officer

.....
SEMESTER OFF FORM (Student copy)

Student's Name _____, **Reg. #** _____

Batch _____

The undersigned acknowledges receipt of the approved Semester Off Form.

Registration Officer: _____

Date: _____