

UNIVERSITY OF AGRICULTURE, FAISALABAD.

DIRECTORATE OF GRADUATE STUDIES

APPLICATION FOR DISCONTINUATION OF STUDIES

M.A./M.Sc./M.Sc.(Hons)/M.PHIL/M.S./MBA/PH.D.

DEPARTMENT_____ FACULTY_____

1. Name of Student_____
2. Registration No._____
3. Number of Semesters Completed_____
4. Semester for which studies are to be discontinued_____
5. Specific reason for discontinuation of studies_____

SIGNATURE OF THE APPLICANT

Comments and recommendations of the Supervisor:_____

- a) Performance in course work programme:_____
- b) Performance in research:_____
- (Time spent and result achieved)_____
- c) General remarks:_____
- d) Any other remarks:_____

SIGNATURE OF THE SUPERVISOR

Remarks of the Chairman of the Department:

Remarks of the Dean of the Faculty:

Note: The discontinuation of studies will normally be allowed for one semester only.