Govt. College University Faisalabad

Application for Discontinuation of Studies

M.A / M.Sc. / M.Phil. / 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 (Give details): ____________________________

Signature of the Applicant

a) Comments and Recommendations of the Supervisor: ____________________________

b) Performance in course work programme: ____________________________
   Performance in Research: ____________________________

c) Time Spent and Results Achieved: ____________________________

d) General Remarks: ____________________________

e) Any other Remarks: ____________________________

Signature of the Supervisor

Remarks of the Chairman of the Department:

Remarks of the Dean of the Faculty:

Note: The facility of discontinuation can be availed only once during the whole degree programme and that too for one semester only.