

UNIVERSITY OF ENGINEERING AND TECHNOLOGY, TAXILA.

INTERRUPTION OF STUDIES FORM

Name: _____

Regd. No: _____

Department: _____

Specialization: _____

Semester for which interruption is required. _____

Reason of interruption of Studies:

(Please use additional sheet if necessary)

Dated: _____

Signature of Student

Academic Advisor Remarks

*Research Supervisor Remarks

Academic Advisor Signature

Research Supervisor Signature.

*** If student is currently working on Research Thesis**

Endorsement

Signature & Date
Chairman of the Deptt.

Signature & Date
Dean, of the Faculty