



**SEMESTER FREEZE FORM**

Registration Number: \_\_\_\_\_ Name: \_\_\_\_\_

I would like to freeze the coming semester: \_\_\_\_\_

Reason for Freezing: \_\_\_\_\_

**I avail the visa sponsorship facility from SZABIST Dubai: Yes/ No**

**IMPORTANT NOTE:**

- If request for semester freeze is made after the start of the semester, a late request fee of AED 100 will be charged.
- Beyond 4 weeks a student’s admission will be deactivated.
- A fee of AED 500 will be charged in order to restore active status.
- No visa facility will be provided during semester freeze period.

\_\_\_\_\_  
Student’s Signature & Date

-----Do not write beyond this section-----

(For Office use only)			
PRO	Finance Officer	Program Manager	Controller Records
Remarks: _____ _____	Remarks: _____ _____	Approved: Yes/No Remarks: _____ _____	Remarks: _____ _____
_____ Signature and Date	_____ Signature and Date	_____ Signature and Date	_____ Signature and Date