

UNIVERSITY OF AGRICULTURE, FAISALABAD.
DIRECTORATE OF GRADUATE STUDIES
APPLICATION FOR RE-JOINING WINTER/ SPRING /SUMMER SEMESTER
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. Whether Permitted to Discontinue or Not._____
5. Reference of Permission_____
6. If discontinue without permission or struck off the rolls give specific reason for absence
(Give details with documentary evidence):

SIGNATURE OF THE APPLICANT

7. 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

8. Remarks of the Chairman of the Department:
9. Remarks of the Dean of the Faculty:

In case the name has been struck off due to absence from classes, the parents/guardian shall have to give a assurance (on personal appearance) for regular attendance and good conduct of the student in future.