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.