



Capital University of Science & Technology, Islamabad

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SEMESTER BREAK FORM

<input type="checkbox"/> Registration #		<input type="checkbox"/> Name	
<input type="checkbox"/> Semester	Fall <input type="checkbox"/> Spring <input type="checkbox"/> 20__	<input type="checkbox"/> No. of semesters completed	
<input type="checkbox"/> GPA		<input type="checkbox"/> CGPA	
<input type="checkbox"/> Email		<input type="checkbox"/> Contact #	

BREAK REQUIRED

From: ___/___/___ To: ___/___/___

Reason _____

___/___/___
Dated

Student's Signature

FOR OFFICE USE ONLY

CLEARANCE

<input type="checkbox"/> Lab

<input type="checkbox"/> Library

<input type="checkbox"/> Account Office

RECOMMENDATIONS

___/___/___
Dated

Dean / HoD

APPROVAL

___/___/___
Dated

Vice Chancellor

REGISTRAR OFFICE

___/___/___
Entered By / Dated

___/___/___
Verified By / Dated

___/___/___
Filed By / Dated

- Get a challan from Account Office by submitting a copy of approved form.
- Deposit Semester Break fee in Bank Account.