



Faculty of Postgraduate Studies (FPGS)

FORM (10)

Freezing

Date: 23/8/2017

Student Name: _____

Index: m16A45007

Program: _____

Batch: _____ **Semester:** _____

Requested period for freezing: _____

Finance Affair:

Paid all fees: **Remaining tuition fees:**

Finance Manger Name:

Coordinator of the Program Approval:

.....

Signature:

Dean, Faculty of Postgraduate Studies Approval:

.....

Signature: **Date:** / / .