AL-KAWTHAR UNIVERSITY | الكوثر

AKU/Reg/2025/12/10/001

Application to Semester Freezing

Student Information

Student Applicant No _____ Student Name _____

Semester _____ Session FALL / SPRING

Program _____ Faculty_____

Reason for Semester Freezing:

_____

_____

_____

_____	_____	_____
Date	**Student's Signature**	**Academic Advisor Name, Stamp & Signature**

_____ _____

HoD's Approval **Dean's Approval**

_____ _____

Director Finance **Registrar**

_____

Vice Chancellor's Approval

1. Students are allowed to freeze/suspend the semester before the start of the academic session, if they have passed the final Examinations of previous semester with a minimum GPA/CGPA required for the academic standing of the University to remain registered.
2. Students are not allowed to freeze more than **two consecutive regular semesters**. They are also not allowed to freeze more than **four semesters in the entire duration of the degree program**.
3. Students are allowed to freeze the semester within the overall degree awarding time frame (i.e. maximum time allowed for the completion of the degree as specified in the Statutes).