**Form2**

# DIRECTORATE OF ADVANCED STUDIES AND RESEARCH (ASRB)

## UNIVERSITY OF HARIPUR, KHYBER PAKHTUNKHWA, PAKISTAN

Photo

# Semester Renewal Form

***All columns must be filled. Over writing is not acceptable***

**Name of Student:**

**Father's Name:** **Date of 1st Admission:**

**Degree:** ☐**Ph.D** ☐**M.Phil** ☐**M.Sc(H)** ☐**MS** **Department:**

**Semester No.** **Registration No:**

**Courses to be enrolled in current semester (Spring/FAll 20_____)**

| Sr. No. | Course Code & No. | Course Title | Cr. Hrs. | Core/Major/Minor/Defiency/ Optional Course |
|---|---|---|---|---|
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |

**Courses enrolled since admission**

| Sr. No. | Course Code & No. | Course Title | Cr. Hrs. | Semester | Result |
|---|---|---|---|---|---|
| 01 | | | | | |
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |
| 05 | | | | | |
| 06 | | | | | |
| 07 | | | | | |
| 08 | | | | | |

GPA/CGPA in previous semester ☐

Synopsis/Thesis Recommended by BOS. ☐Yes ☐No

Synopsis/Thesis/Dissertation approved by ASRB ☐Yes ☐No

Comprehensive Qualified ☐Yes ☐No

DMC attached ☐Yes ☐No

**All Information given above is correct. Any incorrect information shall lead to the cancellation of my admission**

**NOTE:**

i. Filled registration form for a particular semester must be submitted to the DASRB within due dates
ii. A student will be required to repeat those courses of the previous semester in which he/she had failed at the first available opportunity provided that his/her maximum workload, including the courses to be repeated by him/her will not exceed the normal load

_____
Signature of Student

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Supervisor (Sign and Stamp) | Head/Chairman/Director (Sign and Stamp) | Treasurer/Accountant (Sign and Stamp with mention of dues paid) | Director ASRB (Sign and Stamp) |