

**REQUEST FOR FREEZING OF STUDIES**

| A. STUDENT GENERAL INFORMATION      |                  |
|-------------------------------------|------------------|
| a. First Name _____                 | b. Surname _____ |
| b. Student NIM/ID _____ / _____     |                  |
| c. Faculty _____ ; Department _____ |                  |
| Study Program _____                 |                  |
| Year of enrollment : _____          |                  |
| d. Student Contact                  |                  |
| Address _____                       |                  |
| Mail : _____                        |                  |
| Phone : _____                       |                  |

| B. STUDENT REQUEST   |   |
|--|---|
| To Dean of _____ Faculty   |   |
| By this letter I kindly ask you to freeze my studies at CIT with specifications as below : |   |
| Academic Year : _____  |   |
| Fall Term/Spring Term _____  |   |
| Reasons : _____  |   |
| _____  |   |
| _____  |   |
| Student's Name Surname Signature   |   |
| <i>Received by Secretary of Faculty</i><br>Name Surname Signature<br>_____                 | <i>Received by Registrar</i><br>Name Surname Signature<br>_____ |
| Date ____/____/____  |   |

*Note : Attached this request the student must submit the documents relating to the reasons set out above.*