



**CHOLISTAN UNIVERSITY OF VETERINARY  
AND ANIMAL SCIENCES, BAHAWAPUR  
DIRECTORATE OF ADVANCED STUDIES**

APPLICATION FOR DISCONTINUATION OF STUDIES  
M.S /M.PHIL./MBA/PH.D.

DEPARTMENT \_\_\_\_\_ FACULTY \_\_\_\_\_

1. Name of Student \_\_\_\_\_
2. Registration No. \_\_\_\_\_
3. Number of Semesters Completed \_\_\_\_\_
4. Semester for which studies are to be discontinued \_\_\_\_\_
5. Specific reason for discontinuation of studies \_\_\_\_\_

SIGNATURE OF THE APPLICANT

Comments and recommendations of the Supervisor: \_\_\_\_\_

a) Performance in course work programme: \_\_\_\_\_

b) Performance in research: \_\_\_\_\_

(Time spent and result achieved) \_\_\_\_\_

c) General remarks: \_\_\_\_\_

d) Any other remarks: \_\_\_\_\_

SIGNATURE OF THE SUPERVISOR

Remarks of the Chairman of the Department:

Remarks of the Dean of the Faculty:

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**Note:** The discontinuation of studies will normally be allowed for one semester only.