



University of Swat, Khyber Pakhtunkhwa

DIRECTORATE OF ADMISSIONS
ADMISSION CANCELLATION FORM

STUDENT'S PROFILE / ADMISSION DETAILS:

Student's Name: _____ Father's Name: _____

Registration No: _____ Date of Birth: _____ Gender: _____

Program: BS MA/M.Sc /MBA Session: _____ Semester: _____

Department / Institution / School: _____

Address: _____

Reason of Cancellation of Admission: _____

The applicant is required to made clearance from the following:

S#	Department	Signature	Seal
1.	Central Library		
2.	Chief Proctor		
3.	Computer Laboratory		
4.	Provost (Societies)		
5.	Treasurer		
6.	Admin Officer (Transport)		
7.	Centralized Resource Lab		
8.	Hostel Warden		
9.	Public Library		
10.	ID Card Clearance		

Student's Signature: _____ Mobile Number: _____

FOR OFFICE USE ONLY

Mr/Miss/Mr _____ S/D/O _____
enrolled under registration No _____ in program _____
semester _____ admission is hereby cancelled on his/ her request.

**Dealing Assistant/
Admissions**

**Director Admissions
University of Swat**