



University of Swat
Main Campus, Charbagh, Swat

OFFICE OF THE PROVOST

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.	Departmental Laboratory		
4.	Treasurer		
5.	Hostel Warden (<i>Female</i>)		
6.	Provost Office		

Student's Signature: _____ Mobile Number: _____

Undertaking

Mr/Miss/Mrs _____ S/D/O _____

enrolled under registration No _____ in program _____

semester _____ admission is hereby cancelled on his/ her request.

Dealing Assistant/
Admissions

PROVOST
University of Swat

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Student's Receipt

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

Date of Issuance of Cancellation Notification: _____

Dealing Assistant Name: _____ Sign & Seal: _____