



SEMESTER FREEZE FORM

(New Student)

Registration Number: _____ Name: _____

I would like to freeze the coming semester: _____

Reason for Freezing: _____

I avail the visa sponsorship facility from SZABIST Dubai: Yes/ No

IMPORTANT NOTE:

- 50% of the tuition fee is refundable if a semester freeze application is received at least two weeks before classes begin.
- 25% of the tuition fee is refundable if a semester freeze application is received one week before classes begin.
- No amount will be refunded if a student applies for semester freeze less than one week before the start of semester.
- No visa facility will be provided during semester freeze period.

Student's Signature & Date

-----Do not write beyond this section-----

(For Office use only)			
PRO	Finance Officer	Program Manager	Controller Records
Remarks: _____ _____	Remarks: _____ _____	Approved: Yes/No Remarks: _____ _____	Remarks: _____ _____
_____ Signature and Date	_____ Signature and Date	_____ Signature and Date	_____ Signature and Date

Note:
5% VAT applicable as per U.A.E Federal Tax Authority regulations