

REQUEST FOR FREEZING OF STUDIES

A. STUDENT GENERAL INFOR	MATION			
a.First Name	b.Sur	name		
b.Student NIM/ID	/			
c. Faculty	: Departmen	nt		
	, _ · F			
Study Program				
• 6				
Year of enrollment :				
d.Student Contact				
Mail:				
Phone :				
B. STUDENT REQUEST				
To Dean of	Faculty			
By this letter I kindly ask you to free Academic Year:		es at CIT w	vith specifications as below:	
Fall Term/Spring Term				
• -				
Reasons:				
Student's Name Surname Signature				
Recevied by Secretary of Faculty			Recevied by Registrar	
Name Surname Signature			Name Surname Signature	
0				
	Date	//		

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

O St. "Xhanfize Keko", No. 12, (Complex "Xhura", near TV Klan), Tirana - Albania







DECISION FOR FREEZING OF STUDIES

A. STUDENT GENERAL INFORM	MATION			
a.First Name	b.Surname			
b.Student NIM/ID	/			
c. Faculty	; Department			
Vear of enrollment :	Term of suspension :			
d.Student Contact	Term of suspension (
Mail:				
Phone :	_			
e. Reason of Freezing				
Secretary of the faculty: Name Surname				
	<u>Date / /</u>			
B. DEAN PROPOSAL				
freezing of student's studies, I propo Approval of student's request	Engineering, after being informed about the reasons for the se: Dissapproval of student's request Signature			
	<u>Date/</u>			
C. RECTOR APPROVAL				
As Rector of CIT, after being inform proposal of the dean, I: Approve student's request	ed about the reasons for the freezing of student's studies and the Dissapprove student's request			
Name Surname				
D. ADMINISTRATOR ACCEPTANCE				
YES	□ NO			
Name Surname	Signature			