NUST School of Social Sciences & Humanities (S^{3}H)
REQUEST FORM FOR RE-TAKE EXAM

CMS ID: _____   Student Name: _____

Program: _____Batch: _____ Section: _____ Semester: _____

Current CGPA: _____   No of 'F' Grades:_____   Exam Type : ☐ MSE   ☐ ESE

Email: _____   Cell No: _____

Detail of missed-out course(s):

S.No	Course Code	Course Title	Name of Faculty
1.			
2.			
3.			
4.			
5.			

Reasons of Absence (with Supporting document(s):

Following Supporting Documents are attached:
a.

b.

Undertaking: I understand that I will be charged a fee of *Rs. 5000/-* per course, if my retake application is approved by the HoD regardless whether I appear for the exam or not.

Date: _____   Student's Signatures: _____

_____

HoD Remarks:

APPROVED / NOT APPROVED

Date: _____   **HoD's Signatures**: _____

PAYMENT STATUS

An amount of Rs. _____has been deposited by Name: _____

CMS ID No.: _____ in S^{3}H Account No.**22927000836901** on _____ (copy attached).

Date: _____   _____

Account Office, S^{3}H

_____

FOR NECESSARY USE BY CONCERNED DEPARTMENT OF S3H

_____

Student's application has been accepted and included in Re-Take exam lists.   **Department**