



NUST Law School (NLS)

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 as per *University Rules* 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 NLS Account No. **22927917601901** on _____ (copy attached).

Date: _____

Account Office, NLS

FOR NECESSARY USE BY CONCERNED DEPARTMENT OF NLS

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

Department