SZABIST

Shaheed Zulfikar Ali Bhutto

Institute of Science and Technology - Islamabad Campus

Retake Examination Request Form

Name:_____ Registration No:_____

Program: _____ Semester:_____

Course Code	Course Name	Mid Term	Final
1. _____	_____	☐	☐
2. _____	_____	☐	☐
3. _____	_____	☐	☐
4. _____	_____	☐	☐
5. _____	_____	☐	☐

Student Signature **Date**

Exam Attendance

	Sr.1	Sr.2	Sr.3	Sr.4
Final Exam				
Midterm				

Class Attendance

	Total Classes	No. Absents	No. Presents
Sr.1			
Sr.2			
Sr.3			
Sr.4			

Examination Office **ASO Office**

Remarks: _____

Approved ☐ **Not Approved** ☐ **Program Manager**

For office use only

Clearance:

Finance

Remarks: _____

Finance Controller

Exam/Academic Support Office

Remarks: _____

Head of Examination & Academics

Note:

Retake Examination Fee is Rs. 5000/- per course.

Retake Application could be accepted one week after actual date of exam

Retake Exam/s will be held after payment of all dues of Finance.