Application for Permission of Enrollment of Repeat/Failed Courses

| Name of Student: | | | | | _CNIC No: | | | | |
|-------------------------|---|----------------|--|------------------|-----------------------------|-----------------------|--|------------------------------------|--|
| Fathe | er Name: | Roll No: | | | | | | | |
| Class | : | | | Mo: | r./Eve | Ses | sion | | |
| Sr # | Course Title | Course Code | Resp- ective Sem- ester | Subject Marks | Subject Result Status | Seme- ster CGPA | Cr. Hr. of Rep./ Fail Course | Checked by Concerned Teacher | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| Total (| Credit Hours of Rep Credit Hours of Cur Credit Hours Enroll | rent Semes | ster (B) | ` ' | | | | | |
| Vetted & Recommended By | | | Countersigned By | | | | Approved By | | |
| | | | Dean of Faculty (Signatures along-with official stamp) | | | | Director Advance Studies/ Undergraduate Studies | | |

(Signatures along-with official stamp)

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