GOVERNMENT COLLEGE UNIVERSITY FAISALABAD

Application for Permission of Late Fee Deposit and Re-admission

1. Name of the Student: _____

2. C.N.I.C.:

					-								-	

3. Registration No.:

				G	**C**	**U**	**F**										

4. Name of Department/Program: _____ Current Semester: _____

5. Number of previous Semesters whose fees have not been paid: _____

6. Information about the last examination taken by the applicant:(Circle the status of result, please.)
   i. Passed/eligible for next semester
   ii. Dropped Out/not eligible for next semester

7. Reason for Late Submission:

   _____

_____

Signature of the Student

8. Above said application has been examined and recommended for re-admission and deposit of fee with applicable fine.

_____

Chairperson(Sign & Stamp)
/Director/Incharges

Dean