

UNIVERSITY OF CHAKWAL

APPLICATION FORM FOR RE-MID EXAMINATION

(To be submitted to the Chairperson of Concerned Department)

Department: _____ Entry: _____

STUDENT'S PARTICULARS

1. Applicant's Name: _____
(As per Matric Certificate - IN BLOCK LETTERS)
2. Regd No. _____
3. Father's Name: _____
(IN BLOCK LETTERS with CONTACT NUMBER)
4. Student's CNIC No: _____
5. Address: _____
_____ Mobile No. _____
6. Reason(s) for Requesting "Re-mid Examination" (Please Attach Photocopies of Supporting Documents, if any): _____

I may please be granted re-mid examinations in the following courses of (Fall / Spring 20_____) Semester:

<u>S No</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>S No</u>	<u>Course Title</u>	<u>Credit Hours</u>
1.			2.		
3.			4.		
5.			6.		

Signatures with CNIC No.
(Father / Guardian)

Signatures of the Applicant

FOR OFFICIAL USE ONLYCase No: _____
(To be entered by Chairperson's Office)

Dated: _____

RECOMMENDATIONS OF DEPARTMENTAL SEMESTER COMMITTEEObservations / Recommendations: _____
_____a. Member 1: _____
(Signatures with Name)b. Member 2: _____
(Signatures with Name)c. Member 3: _____
(Signatures with Name)Chairperson: _____
(Signatures with Seal)

Forwarded to the Controller of Examinations for Notification.

UNIVERSITY RULES GOVERNING RE-MID EXAMINATION

1. A student who fails to take his Mid semester examination due to some unavoidable circumstances (beyond his control) shall apply in writing to the Chairperson for retaking mid semester examination.
2. The Chairperson will refer his case to the Departmental Semester Committee for consideration and decision. The decision shall be communicated to the Controller of Examinations in writing for notification.
3. In case a student is allowed to retake Mid Semester Examination, the examination will be conducted by the concerned course teacher before the Final Semester Examination of the same semester on the payment of prescribed fee by the student i.e Rs.3000/- per paper.