ATTA UR RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)

NATIONAL UNIVERSITY OF SCIENCES & TECHNOLOGY (NUST)

ASAB

STUDENTS' REQUEST FOR COURSE REPEATITION

Name: _____   Regn No: _____

Batch: _____ CGPA: _____ Contact No : _____

Reason for course repetition:-

☐ **To clear "F/XF" grade, obtained in _____ Semester(s)**

☐ **To improve current CGPA _____**

Sr No	Course Title	Credit Hrs	Previous Grade	To Repeat with Batch & Semester

I certify that above stated facts are correct to the best of my knowledge and I have checked that there are no timetable constraints for studying mentioned course(s).

_____
Date: Student's Signature

Remarks by UG Advisor / PG Supervisor (Confirm compliance of relevant NUST regulations).
(In case of a PhD student, Please mention about GEC Recommendations also).

Date: _____

Recommendation by HoD	**Approved / Not Approved**
Date:	Date: (Principal/Dean, ASAB)

Time Table for the student has been Adjusted / Not Adjusted (with reason)

_____
Date: Student Coordinator