



ATTA UR RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)

NATIONAL UNIVERSITY OF SCIENCES & TECHNOLOGY (NUST)

ASAB

REQUEST FOR ATTENDING UG COURSES(S) IN OTHER INSTITUTIONS OF NUST

1. Student Name:				2. Batch & Year:			
3. Registration No:				4. CGPA:			
Desired Course(s)			Institute	Semester Fall/Spring/ Summer (Year)	Category of Course (s) (Initial any one option)		
Code	Title	Credits			Core	Elective	Additional

Supervisor/Advisor Signature
Date:

Signature of Student
Date:

5. Programme Coordinator Remarks

Signature of Prog Coord
Date:

6. Recommended / Not Recommended.

Signature of HoD (UG)
Date:

7. **Approved / Not Approved**

Dean / Principal
Date:

- Note:
1. Grade points of Additional Course will not be counted towards calculation of CGPA.
 2. Credit Hrs limits should be maintained as per NUST policy.
 3. Supervisor/Advisor will endorse on the basis of student's academic status and requirement.
 4. 1x copy for Student dossier and 1x copy to other relevant institute.
 5. This form should be raised for all foreign language courses also.