



## Special Exam Request Form

(for Inter-campus exams only)

I wish to appear for following special exam at SZABIST \_\_\_\_\_ Campus:

Name: \_\_\_\_\_

Program: \_\_\_\_\_ Registration No: \_\_\_\_\_

- Comprehensive Examination (on-line)
- IS Presentation
- Thesis Defence
- Dissertation Presentation/ Defence
- Other \_\_\_\_\_

I understand that it is not binding upon the Institute to accept my request.

I will pay the special examination fee Rs. 5000/- for on-line/video examination or  
Rs. 2500/- for off-line examination.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Recommended by  
Head of Examination & Academics

\_\_\_\_\_  
Signature  
Program Manager

\_\_\_\_\_  
Approved by  
Head of Campus

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please make your request at least two weeks in advance to the Exam Office.