



Shaheed Zulfikar Ali Bhutto

Institute of Science and Technology - Islamabad Campus

Special Exam Request Form

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

Registration No : _____ **Name :** _____

Program: _____ **Section:** _____ **Semester:** Fall Spring Summer **Year: 20 -**

<u>Exam Type</u>	<u>Regular</u>	<u>Retake</u>	<u>Remarks</u>
1. Course Exam	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Other	<input type="checkbox"/>		_____

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

I will pay the special examination fee Rs. 5000/exam/course

<u>Course Name</u>	<u>Instructor Name</u>	<u>Midterm</u>	<u>Final</u>	<u>Regular Exam Schedule</u> <i>If Applicable</i>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student (Sign & Date)	Contact Number	Email ID		

Program Manager/HoD
Sign & Date

Finance Office
Sign & Date

Controller Examination
Sign & Date

Head of Campus
Sign & Date