COMSATS University Islamabad
Lahore Campus
Midterm MAKEUP EXAMS Request Form

To be filled by the Student (Please fill all fileds having * and attach required documents):

*Registration No:	*Name:
*Course Title:	*Teacher Name:
*Exam Type: ❑ Theory ❑ Lab	*Semester: ❑ Spring-20__ ❑ Fall-20__

*Reason for apply:

1. Student must contact the HoD immediately when he/she missed the exam. Supporting documents **(Medical Certificate / Death Certificate etc.)** must be attached with this form according to reason mentioned above.

2. Make-up examination Fee **(Rs. 2000/- Per Course for Undergraduate Programs and Rs. 3000/- Per Course for Graduate Programs)** will be submitted only, after the approval of this request from the concerned resource person and the HoD/Incharge. **Kindly attach original paid challan with this form.**

3. This form can only be used for make up exam request of **01 course only**, kindly attach separate form for each exam.

*Date: _____   ***Student's Signature:** _____

To be filled by the Resource Person

Remarks regarding genuineness of the request: _____
_____

Name of Resource Person :	Date :
Department :	Signature:

HOD/Incharge's Approval

*Department: _____   ***HoD/Incharge Name:** _____

Either request for make-up exams is   ❑ Approved or   ❑ Not Approved   *(Please tick with √)*

Remarks(if any): _____

Date of Approval: _____   **Signature:** _____

Note for DCO:
This request form should be submitted to the examinations department along with the following document(s) within 03 working days from the last scheduled date of the midterm examinations:

❑ Oringinal fee receipt of **Rs. 2000/-** Per Course for Undergraduate Programs and **Rs. 3000/-** Per Course for Graduate Programs	❑ Medical Certificate ❑ Others

For Examinations Office Only

Control No: _____ **Received by(Name & Signature)**: _____ **Date:**_____

Remarks:_____