Application for Permission of Enrollment of Repeat /Failed Courses

Name of Student:_____CNIC No:_____

Father Name:_____Roll No:_____

Class:_____Mor./Eve._____Session_____

Sr #	Course Title	Course Code	Semester #	Subject Marks	Current CGPA	Cr. Hr. of Rep./ Fail Course	Checked by Concerned Teacher
1.							
2.							
3.							
4.							
5.							

Total Credit Hours of Repeat/Failed Courses (A): _____

Total Credit Hours of Current Semester (B): _____

Total Credit Hours Enrolled (C=A+B): _____

Vetted & Recommended By   **Countersigned By**   **Approved By**

Chairperson/In-charge/   **Dean of Faculty**   **Controller of Examinations**
Coordinator of Department   (Signatures along-with official stamp)   (Signatures along-with official stamp)
(Signatures along-with official stamp)