

MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN

GRADE CHANGE REQUEST

(To be submitted to Chairman's Office)

Name of Student

Registration Number

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Department: _____

Subject: _____

Semester: _____

Grade Earned: _____

Expected Grade: _____

Reason for Grade Change Request: _____

Date: _____

Signature: _____

Students should not write below this line.

Concerned Teacher's Comments

All records have been re-checked and Grade Change Request is REJECTED/ACCEPTED (Delete one).

In case of Acceptance of Request

Previous Grade: _____ Marks Earned after review: _____ New Grade _____

Reason: _____

Dated: _____ Teacher's Name/Signature: _____

Chairman's Comments

Recommended and Forwarded to the Dean of Faculty.

Date _____

Signature _____

Dean of Faculty's Comments

Recommended and Forwarded to the Vice Chancellor for Approval.

Date: _____

Signature: _____

No. Endst/SVC/

Dated: _____

Approved and forwarded to the Controller of Examinations for further necessary action.

Vice Chancellor

MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN

SUMMER SEMESTER/SUBJECT REPETITION REGISTRATION FORM

(To be submitted to Chairman's Office)

Name of Student

Registration Number

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Department: _____

Kindly register me in the following subjects during Summer/Regular Semester _____ (Give year).

Semester	Subject Number/Title	Grade Earned

Challan form (Part 1) No. _____ dated _____ for Rs _____ is attached.

Date: _____

Signature: _____

No. _____

Dated: _____

Approved and forwarded to the Controller of Examinations for further necessary action.

Dated: _____

Chairman _____

(Maxm Limits: As per Semester Rules and Regulation)

MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN

SUBJECT WITHDRAWAL FORM

(To be submitted to Chairman's Office)

Name of Student

Registration Number

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Department: _____

It is requested that I may be allowed to withdraw from the following subject(s) during the current semester. It is certified that I understand Subject Withdrawal Policy reproduced below.

SEMESTER _____ **(Give Semester Name like Fall, Spring, Summer and Year)**

S. No.	Subject Number/Title

Total number of subjects **Withdrawn** to date including the subjects listed above: _____

Date: _____

Signature: _____

Students will not write below this line

No. _____

Dated: _____

Approved and forwarded to the Controller of Examinations for further necessary action.

Dated: _____

Chairman

Subject Withdrawal Policy
(As per Semester Rules and Regulation)

FORM BSc-4

MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN
DEGREE REQUIREMENTS COMPLETION FORM
(To be submitted to Examination Branch Through the Chairman)

Name of Student	Gender	Registration Number

Department: _____

It is certified that I have completed all the requirements for the award of Bachelor's degree. It is thus requested that my records may be closed and I may be awarded final transcript and my degree may be processed when I apply for the degree on a separate form. I understand that I shall not be eligible for repetition of a subject in future.

Date: _____ Signature: _____

(Students will not write below this line)

No. _____ **Dated:** _____

Forwarded to the Controller of Examinations.

Dated: _____ Chairman

No.: _____ Dated: _____

Controller of Examinations: _____ Administrative Officer (Examinations); _____

To be filled in by the Concerned Assistant in the Examination Branch.

Credit Hours Completed: _____ (This figure must be at least 140 for BSc Engg and Sciences and 170 for B.Arch and BSc Building & Arch. Engg up to Session 2007)

Outstanding "F" grade: _____ (Yes/No) Outstanding "W", "WF", "I" grade: _____ (Yes/No)

Any outstanding subject: _____ (Yes/No) Outstanding Dues: _____ (Yes/No)

Degree duration period exceeding SIX years: (Yes/No); If Yes, whether extension granted: (Yes/No);

Eligible: _____ (Yes/No)

(Tick One)

1. The above mentioned student is eligible for the award of BSc/Bachelor's degree and further entries into his records may be closed.
2. The student mentioned above is not eligible for the award of BSc/Bachelor's degree. He may complete all the requirements before applying again for the same.

Dated: _____ Signature & Name of the Assistant: _____

In case Serial (1) is ticked, the form shall be forwarded to Computer Section.

In case Serial (2) is ticked, the form shall be forwarded to the concerned department for information of the student and Chairman.

MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN

DEFERRAL OF STUDIES (FREEZING) FORM

(To be submitted to Chairman's Office)

Name of Student

Registration Number

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Department: _____

It is requested that I may be allowed to freeze ONE/TWO (delete one) semester(s). It is certified that I understand the University Policy in this regard.

Reason for Deferral: _____

SEMESTER (S) _____ **Year** _____
(Give Semester Name(s) like Fall and/or Spring and Year)

Date: _____ Signature: _____
_____ **Students will not write below this line**

No. _____ **Dated:** _____

Recommended and forwarded to the Dean of Faculty for approval.

Dated: _____ Chairman

No. _____ **Dated:** _____

Approved and forwarded to CAC for notification.

Dated: _____ Dean of Faculty

Convener Admission's Committee

Deferment (Freezing) Policy
(As per Semester Rules and Regulation)