#### FORM BSc-1

### MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN

#### **GRADE CHANGE REQUEST**

(To be submitted to Chairman's Office)

Registration Number		
Semester:		
Expected Grade:		
t:		
Cignotura		
Signature:		
udents should not write below this line.		
Concerned Teacher's Comments and Grade Change Request is REJECTED/ACCEPTED (Delete one).		
In case of Acceptance of Request		
rks Earned after review: New Grade		
er's Name/Signature:		
Chairman's Comments		
he Dean of Faculty.		
Signature		
Dean of Faculty's Comments		
he Vice Chancellor for Approval.		
Signature:		
Dated:		

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

## FORM BSc-2 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	
-	ollowing subjects during Summer/Regular Sel		
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 <u>Controller of Examinations</u> for further ne	ecessary action.	
Dated:	: Chairman		
	(Max. Limits: As per Semester Rules and	Regulation)	

# $\frac{\text{FORM BSc-3}}{\text{MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN}}$

### **SUBJECT WITHDRAWAL FORM**

(To be submitted to Chairman's Office)

Name of Studen	t Registration Number	
Department:		
	at I may be allowed to withdraw from the following subject(s) during the current semester. Inderstand Subject Withdrawal Policy reproduced below.	
SEMESTER	(Give Semester Name like Fall, Spring, Summer and Year)	
S. No.	Subject Number/Title	
Total number of s	subjects <b>Withdraw</b> n to date including the subjects listed above:	
Date:	: Signature:	
	Students will not write below this line	
No	Dated:	
Approved and for	warded to the Controller of Examinations for further necessary action.	
Dated:	<u>Chairman</u>	

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 requested that my records may be closed ar processed when I apply for the degree on a repetition of a subject in future.	nd I may be awarded	
Date:	Signa	ature:
	will not write below thi	s line)
No		Dated:
Forwarded to the Controller of Examinations.		
Dated:		<u>Chairman</u>
No.:		Dated:
Controller of Examinations:	Administrative Office	er (Examinations);
To be filled in by the Concerned Assistant i	n the Examination B	ranch.
Credit Hours Completed: (This figure 170 for B./		o for BSc Engg and Sciences and g & Arch. Engg up to Session 2007)
Outstanding "F" grade: (Yes/No)	Outstanding "\	N", "WF","I" grade: (Yes/No)
Any outstanding subject: (Yes/No)	Outstanding D	ues: (Yes/No)
Degree duration period exceeding SIX years: (	Yes/No); If Yes, whet	her extension granted: (Yes/No);
Eligible: (Yes/No)		
<ul><li>(Tick One)</li><li>1. The above mentioned student is eligible into his records may be closed.</li></ul>	ole for the award of B	Sc/Bachelor's degree and further entries
The student mentioned above is no complete all the requirements before a		
Dated:	Signature 8	& Name of the Assistant:
In case Serial (1) is ticked, the form shall be for	rwarded 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.

# $\frac{\text{FORM BSc-5}}{\text{MNS-UNIVERSITY OF ENGINEERING AND TECHNOLOGY MULTAN}}$

#### **DEFERRAL OF STUDIES (FREEZING) FORM**

(To be submitted to Chairman's Office)

Name of Student	Registration Number
Department:	· · · · · · · · · · · · · · · · · · ·
It is requested that I may be allowed to freeze ONE/TWO (delete	e one) semester(s). It is certified that I
understand the University Policy in this regard.	
Reason for Deferral:	·····
SEMESTER (S) (Give Semester Name(s) like Fall and/or Spring and Year)	Year
Date: Signatu Students will not write below	ure: w this line
<u>No.</u>	Dated:
Recommended and forwarded to the Dean of Faculty for approv	ral.
Dated:	<u>Chairman</u>
No.	Dated:
Approved and forwarded to CAC for notification.	
Dated:	<u>Dean of Faculty</u>
Convener Admission's Committee	

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