



# ABASYN UNIVERSITY-ISLAMABAD CAMPUS RE-TAKE EXAMINATION REQUEST FORM

Registration No \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Cell-phone# \_\_\_\_\_

Semester (Spring/Fall/Summer) 202-- Date \_\_\_\_\_

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## Section 1

*M*

Allow me for retake exam in the following course

Course Code	Course Title

Reason for Retake Exam (Provide Evidence)

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## Section 2

Course Instructor Comments

Performance of student before Covid-19 Lockdown \_\_\_\_\_

o \_\_\_\_\_ in online classes \_\_\_\_\_

Dis student appear in Final term exam \_\_\_\_\_

Any other Comments/ Communication between the student and teacher

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Head of Department  
Specific Comments regarding application

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Recommendation \_\_\_\_\_

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### Section 3

Student semester Fee is paid or not: \_\_\_\_\_

### Section 4

Online Technical Team Lead Comments

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### Section 5

Findings \_\_\_\_\_

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Recommendation \_\_\_\_\_

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## Section 6

Approved/ Not Approved

Comments: \_\_\_\_\_

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Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_