

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

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

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

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

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**Section 1**

*(To be filled by the Student)*

**Allow me for retake exam in the following course**

*(Fill a separate form each course)*

Course Code	Course Title

**Reason for Retake Exam (Provide Evidence)**

*(You may write on a separate page and attach it with the form)*

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**Section 2**

*(To be filled by the Department)*

**Course Instructor Comments**

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

Student's attendance in online classes \_\_\_\_\_

Did 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**

*(To be filled by the Finance Department)*

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

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**Section 4**

*(To be filled by the Technical Team Lead)*

**Online Technical Team Lead Comments**

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**Section 5**

*(To be filled by the Convener EDC in accordance to the minutes of the EDC meeting)*

Findings \_\_\_\_\_

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Recommendation \_\_\_\_\_

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\_\_\_\_\_  
*EDC Convener's Signature*

\_\_\_\_\_  
*Date*

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**Section 6**

*(To be filled by the Executive Director)*

**Approved/ Not Approved**

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

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\_\_\_\_\_

*Executive Director*

\_\_\_\_\_

*Date*

\_\_\_\_\_

***Examination Office Use Only***

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

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

\_\_\_\_\_