

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

Registration No _____ Program _____

Name _____ Cell-phone# _____

Semester (Spring/Fall/Summer) _____ Date _____

Kindly allow me for retake exam in following courses:

S.No	Course Code	Course Title
1		
2		
3		

Reason for Retake Exam:

Student's Signature

HoD's Signature

Decision of the Exam Re-Take Committee:

Convener's Signature

Executive Director

Examination Office Use Only

Processed by: _____

Date: _____

ISLAMABAD CAMPUS

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