

I wish to appear for following special exam at SZABIST _____ Campus:

Student Name: _____

Program: _____ Registration No: _____

Retake Examination Number of Courses _____

Mid Term

Final Exam

Other _____

I understand that it is not binding upon the Institute to accept my request.

I will pay the special examination fee of Rs. 5000/- for each special exam.

Course title & faculty name:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Students Sign & Date

Contact Number

Email ID

Program Manager / HoD
Sign & Date

Finance Office
Sign & Date

Sr. Controller Examination
Sign & Date

Please make your request at least two weeks in advance to the Examinations Office.