

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 Dept.  
Sign & Date

\_\_\_\_\_  
Examination Controller  
Sign & Date

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