



Information Technology University of the Punjab Exam Re-take Form

Student Information

Roll Number:		Student Name:	
Contact No.		Parent/Guardian Name:	

Exam to be Re-Take

Sr#	Course Name	Instructor Name	Only for Office Use	
			Approved	Not Approved
1				
2				
3				

Required Documents Attached (if Any)

Reason to Re-Take Exam:

Student's Signature

Department

Department Name:	
Remarks (If Any):	

Chairperson Recommendation		Dean Recommendation	
Name:		Name:	
Signature		Signature	
Stamp		Stamp	

Accounts Office

Course Names	Fee	Remarks	Sign & Stamp

Office of the Controller of Examination

Remarks:	Controller of Examination Approval	
	Name:	
	Signature	
	Stamp	

Department

Remarks (If Any):