



# University of Engineering and Technology Taxila

## Electrical Engineering Department

### APPLICATION FORM – Departmental Semester Committee

#### 1. Application Type *(Tick appropriate options.)*

<input type="checkbox"/>	Retake of Mid Semester Exam
<input type="checkbox"/>	Award of 'I' Grade
<input type="checkbox"/>	Freezing of Semester

<input type="checkbox"/>	Relegation to Lower Semester
<input type="checkbox"/>	Migration Case
<input type="checkbox"/>	Other_____

Attach required documents and credentials with this application form according to Check List given at back side

#### 2. Personal Details

Name			
Father's Name			
Registration No.			
Session		Current Semester	
Address			
Mobile Number			

#### 3. Reason


Signature of Applicant\_\_\_\_\_

Receiving Official\_\_\_\_\_

Office Incharge\_\_\_\_\_

#### Decision of Departmental Semester Committee *(For official use only)*

<input type="checkbox"/>	<b>Recommended</b>
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<input type="checkbox"/>	<b>Not Recommended</b>
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Chairman\_\_\_\_\_

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Member DSC

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Member DSC

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Member DSC

