



NUST COLLEGE OF ELECTRICAL AND MECHANICAL ENGINEERING
APPLICATION FORM - IMPROVEMENT / DEFICIENT/ALTERNATE/ADDITIONAL COURSES
DURING REGULAR SEMESTER



1. Regn No / CMS ID: _____
2. Category (GC/PC/ASC/NC): _____
3. Name: _____
4. Degree & Syn: _____
5. Status: (Regular / Deferred) _____
6. Department: _____
7. Current Semester: _____
8. Contact no. _____
9. Parent's Contact no. _____
10. Email ID: _____
11. **Courses opted for improvement.** As follows:-

Currently Applied For Subj(s) Detail				Previously Studied Subj(s) Detail As			Desirous to Study with			
Ser	Subjects		CH	Attempt Type (Repeat// Equivalent / Deficient/ (Alternate / Additional))	Semester (e.g. Fall / Spring / Summer)	Code	Grade	Class No.	Batch/ DE	Syn
	Code	Name								
a.										
b.										
c.										

12. I have registered / enrolled for following courses (including electives) during current semester:

Ser	Code	Title	CH	Remarks
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
Total CH				

13. **Declaration by Applicant.** I hereby declare that in current semester my courses credit hours are not exceeding 21, including the improvement courses. It is certified that I shall maintain minimum 75% attendance in the course in which I will be enrolled, irrespective of the course Credit Hrs. **I hereby, give an undertaking that I will not request for any adjustment / change in training program and exam schedule of any course. I am willing to appear in sessional and final exam even if two papers are scheduled / conducted on same date.** If my statement is found incorrect at any stage, the institution may take any punitive action against me.

Dated: _____ (Note: After completion form will be handed over to concerned UG coord)

(Applicant's Signatures)

ACKNOWLEDGEMENT RECEIPT

CMS ID / Regn No. _____ Name: _____ Dept _____
 Name and signature of receiving Clk _____

P.T.O

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UG PROGRAM COORDINATOR (DEPT)

14. Certified that detail given at para 11 is in accordance to existing curriculum.

Dated: _____

(Signatures & Stamp)

DEPUTY CONTROLLER (EXAM)

15. Verified.

Dated: _____

(Signatures & Stamp)

PROGRAM COORDINATOR (UNDERGRADUATES) – ASG

16. Verified.

Dated: _____

(Signatures & Stamp)

17. **Important Instructions.** Sequence of submission of the form will be as follows:-

- a. The applicant will hand over the application form to UG Program Coordinator (Department).
- b. Department will send the application form to Exam Cell for verification.
- c. Exam Cell will forward the all applications forms to concerned department.
- d. On receipt of verified forms from Exam Cell, Department will fwd the same to HQ ASG .
- e. Improvement cases need a week for processing. Therefore, all cases must be forwarded within 1st week of commencement of the semester. Any case later than 1st week, will not be entertained.