



NUST COLLEGE OF ELECTRICAL AND MECHANICAL ENGINEERING
APPLICATION FORM - SUMMER SCHOOL



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.** As follows:-

Currently Applied-For Subj(s) Detail						Previously Studied Subj(s) Detail				
Ser	Class No	Subj Code	Course Title	Cr. Hrs	Attempt Type (Repeat/Alternate /Equivalent/Additional /Deficient)	Semester (e.g. Fall 2017 /Spring 2018 /Summer 2019)	Subj Code	Grade	Cr. Hrs	
a.										
b.										

12. Detail of courses applied for other institute:-

Ser	Code	Course Title	CH

13. **Declaration by Applicant.** As fol:-

- a. I hereby declare that in this semester I shall improve a maximum of two courses in the College/any other NUST Institute. Moreover, I will have no objection if my 2x papers are scheduled on a same day. It is certified that I, the undersigned shall maintain minimum 75% attendance in the course in which I will be enrolled, irrespective of the course Credit Hrs. I will not opt for any new course (not studied earlier). If my statement is found incorrect at any stage, the College authority may take any punitive action against the undersigned to which I may be considered liable, I shall have no objection.
- b. I also acknowledge that Fee once submitted is considered as registration against subject and will not be refunded in any case what so ever, in line with NUST policy.

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

(Applicant's Signatures)

UG Program Coordinator (Dept)

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

Dated: _____

(Signatures & Stamp)

ACKNOWLEDGEMENT RECEIPT

15. CMS ID/Regn No. _____ Name: _____ Dept _____

Name and signature of receiving Clk _____

Receiving Date/Time _____

DEPUTY CONTROLLER (EXAM)

16. Verified.

Dated: _____

(Signatures & Stamp)

PROGRAM COORDINATOR (UNDERGRADUATES) – ASG

17. Verified.

Dated: _____

(Signatures & Stamp)

18. **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 all the 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.