



Sir Syed CASE Institute of Technology

Street # 33, Block-A, Multi Gardens, Sector B-17, Islamabad

Ph: +92-51-5203472, Fax: +92-51-8314660

Email: info@case.edu.pk, Web: www.case.edu.pk

Request for Re-Scheduling of Examination

Roll No: _____

Program

AD

BS

MS

PhD

Name: _____

Discipline: _____

It is stated that I could not appear in the _____ Exam of the following course/es due to: _____

(Attach Evidence/Proof)

Sr. No.	Course Code	Course Name	Date of Exam
1.			
2.			
3.			
4.			
5.			
6.			

After final approval, I will pay the requisite fee as per existing policy of the Institute.

Student's Signature _____

Date: _____

(For Office Use)

Rejected

Recommended for approval (Requisite Fee to be paid by the Student)

Comments (if any): _____

Chairman's Signature: _____

Date: _____

(Fee Payment Details)

Receipt No. _____

Date: _____

Amount: Rs. _____

Account's Signature: _____

Date: _____