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| **iMPROVEMENT GRADE PROFORMA** |
| **pErsonal details:** |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semester GPA: \_\_\_\_\_\_\_\_\_\_ CGPA: \_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Current Semester no.** | | | |  |  |  |  |  |  |
| a | **Total no. of credit hours of your Current semester** | | | |  |  |  |  |  |  |
|  | **Details of course(s) to be improved** | | | | | | | | | |
|  | **Ser** | **Course Code** | **Course Title** | **Cr Hrs** | **Grade Obtained** | **Semester in which attended** | **Semester in which it is being offered** | **Alternate Course and code** (If Applicable) | **Course code of Pre Req**  (If Any) | **Grade obtained in Pre Req** |
| b |  |  |  |  |  |  |  |  |  |  |
| c |  |  |  |  |  |  |  |  |  |  |
| d |  |  |  |  |  |  |  |  |  |  |
|  | Total no. of Credit Hours after opting Improvement course(s) [a+b+c+d+e+f] = **( as per Policy it should not exceed 21)** | | | | | | | | |  |
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| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Prescribed form must be filled in all respect and deposited in NICE Acad Branch. |
| 1. This form be signed by Dean/Assoc Dean/HOD of respective school/institute with stamp. |
| 1. 75% attendance is mandatory to appear in final exam. |
| 1. If any student desires to drop certain course(s), he/she can do so till end of 2nd week, only. However, tuition fee will not be refunded. After that, the result will be compiled as per NUST statutes. |
| 1. The grades achieved will be mentioned in your transcript as per NUST statutes. |

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| **Acad Branch NICE**: Certified that I the undersigned have checked application/form along with required information and fount correct | | | | |
| NAME: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |

Recommendation of Asst Controller of Examination Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks by Prog Coordinator / HoD Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associate Dean** Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved / Not Approved**