



Faculty of Postgraduate Studies (FPGS)

FORM (12)

Restudy Courses

Date: / /2017

Student Name: **Index:**

Program:

Semester: **Academic year:**/.....

Subject 1:

Subject 2:

Registrar of FPGS:

Restudy Subject 1 with Batch: **Semester:**

Restudy Subject 2 with Batch: **Semester:**

Signature: **Date:**/...../.....

Dean of the Relevant Faculty Approval:

Signature:

Dean, Faculty of Postgraduate Studies Approval:

.....
Signature: **Date:**/...../.....