

**Extenuating Circumstances Examination for MSE Sep 2024**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No.: UIAR/\_\_\_\_\_\_\_

Note: 1. Do mention course title, course code and semester clearly.

 2. Fill the form only in capital letters and attached fee receipt along with relevant documents for proof.

 3. Extenuating exam fees Rs. 300/- per subject & Rs. 1200/- per 4 subjects or more.

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| **Sr.** | **Course Name** | **Course Code** | **Semester** | **Reason** |  **Remarks by HOD** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Signature of Student: