**Extenuating Circumstances Examination for MSE March 2025**

|  |  |
| --- | --- |
| **Name of Student:** | **Date:** |
| **Program:** | **Batch:** |
| **Specialization:** | **Reg. No.: IAR/** |

Note: 1. Mention course title, course code and semester clearly.

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

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

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

Signature of Student:

------------------------------------------------------------------------------------------------------------

**For Office Use Only (acknowledgement slip)**

Exam Department:

Finance Department: