

FACULTY OF GRADUATE STUDIES - KDU

MASTER OF -20.../20....

APPLICATION FOR THE SEMESTEREXAMINATION

PROPER/ REPEAT EXAMINATION

Index No:
(For office use only)

1. Full Name (Mr./Miss./Ms.)
:.....
2. Permanent Address
:.....
3. Contact No :
Residence.....Office.....
4. Registration No/...../.....

MODULE CODE	NAME OF THE MODULE	NO OF CREDITS	GPA	NGPA	ELECTIVE	OPTIONAL
			PLEASE TICK (√)			

I declare that the above statements are true and accurate to the best of my knowledge and belief and please register myself for above subject modules of year.....

...../...../.....
Date

.....
Signature of Candidate

Note: Please submit your duly filled application on or before 10th September 2023 to the FGS.

FOR OFFICE USE ONLY

1. To be filled by the Senior Assistant Bursar - FGS

	Payment Slip No	Signature
Semester Fee / Course Fee/ Installments		
Reregistration fee		
Repeat Exam fee		
The above candidate has paid / has not paid the course fee / relevant repeat exam fees.	<p align="center">..... Signature of the Senior Assistant Bursar - FGS</p>	

2. To be filled by the Programme Coordinator

Subject code	Subject	Assignment Submitted / Not Submitted	Attendance Percentage
I certify that the above given information are correct.			<p align="center">..... Programme Coordinator</p>

3. To be filled by the Senior Assistant Registrar - FGS

The candidate is eligible / not eligible for the examination.

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Senior Assistant Registrar
 Faculty of Graduate Studies