

KATHMANDU UNIVERSITY

School of Science

UNG Program Semester Re-join or Repeat Request Form

I would like to request for granting me permission to _____ in the following academic semester:

1. Student Name (in **BLOCK** Letter) :
2. Registration Number :
3. Repetition Required Year and Semester :
4. Enrolled Program/Specialization :
5. Reason for Re-joining :

Declarations of Student

6. Academic Performance Record (**with supporting document**)
 - a. CGPA of Completed Semester (s):
 - b. Any remaining courses in previous semester to be cleared: _____ Credits remaining: _____
 - c. Semester GPA Makeup if remaining
7. Remaining Dues in Fee Payment (**at Present**): () YES () NO. If yes, Due amount in NRS:
8. Parent's Commitment for Counselling and Guidance for Academic Performance: () YES () NO

Parent's Name :

Signature :

Date :

Mobile No. :

9. Recommendation to Permit Re-joining from two faculties who have taught the student:

Faculty's Name :

Faculty's Name :

Signature :

Signature :

Date :

Date :

10. Student Code of Conduction Violation and Disciplinary Action Record in the department: () YES () NO

The information provided hereby is true and **I agree to abide** by the decision of the concerned School and Department. I hereby confirm that I will be **fully committed towards my studies** and do my best to obtain the best possible result and education in my further studies in the program, if permitted to **re-join** or repeat.

Student's Name :

Signature :

Date :

Mobile No. :

Email :

Remark of applicant if any _____

Account (Clearance):

Decision of the HoD/Coordinator and School :

Re-join Permitted: () YES () NO

Head of Department (HoD)

Dean, School of Science