

# Rajiv Gandhi University of Science and Technology

## Application for Supplemental Examination

### STUDENT INFORMATION

Date of Commencement: \_\_\_\_\_ Registration#: \_\_\_\_\_

Current Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Details:

Home#:

Mobile #

E-mail

### STUDENT REQUEST DETAILS

I....., is hereby requesting the administration of Rajiv Gandhi University of Science and Technology to grant me the opportunity to write supplemental exams for the following semester and courses:

Semester:  January  May  September Year: \_\_\_\_\_

Courses: Please state \_\_\_\_\_

Note: The passing grade is 60%. Students who receive a grade of less than 60% must take a Supplemental Examination. Before beginning Clinical Rotations, all students should complete all supplemental examinations. The cost for a supplemental examination is USD200. *Under the recommendation of the Board of Directors, RGUST reserves the right to amend all tuition and fee structures as circumstances and requirements dictate.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

This student has fulfilled his/her financial obligation and has been  Approved  Not Approved to write the examination/s being requested.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Office of the Registrar

\_\_\_\_\_  
Date

*Insert official stamp:*