



SUKKUR IBA UNIVERSITY

MERIT-QUALITY-EXCELLENCE

APPLICATION FOR EXEMPTION NON-CREDIT COURSE/S

SEMESTER: _____ SESSION: _____

INSTRUCTIONS

To Applicant

Please complete section A and follow the instructions:

(i) To Be Complete By the Current Supervisor/Mentor

Submit this form to current supervisor/mentor for completed purpose

(ii) Return this form to Coordinator MS/PhD Programme Sukkur IBA University

SECTION A

(To be completed by applicant)

1. Name:	2. Registration No:
3. Mailing Address:	4. Telephone: Home: Office: Mobile:
5. Department:	6. Email:
7. Programme:	8. Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
9. Pre-Requisite Course to be Exempted: <input type="checkbox"/> <input type="checkbox"/> <i>(Please provide the evidence for each course)</i>	
10. Method of Collection: <input type="checkbox"/> By Post <input type="checkbox"/> By Email <input type="checkbox"/> Collect from Sukkur IBA University	
11. Applicant Signature:	Date:

SECTION B

(To be completed by the current supervisor/Mentor)

Comments:

- Recommended
- Not Recommended

Signature and Stamp: _____ Date: _____

Name: _____

SECTION C

(To be completed by the Coordinator MS/PhD (Mgt) for approval)

Comments:

- Approved
- Not Approved

Signature and Stamp: _____ Date: _____

SECTION D

(To be completed by the Dean/Vice-Chancellor for approval)

Comments:

- Approved
- Not Approved

Signature and Stamp: _____ Date: _____

FOR OFFICIAL USE

Signature and Stamp: _____ Date: _____