



### Independent Study Application Form

Registration No: \_\_\_\_\_ Name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Program: \_\_\_\_\_ Contact No: \_\_\_\_\_

E-Mail ID: \_\_\_\_\_ Course Name: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Topic	Independent Study Advisor
	Name: _____
	E Mail ID: _____
	Contact No: _____
	_____
	Signature & Date

Approved by: \_\_\_\_\_  
Office of the Academic Research

NOTE:

- This form should be submitted to the Records & Registration Office by the end of the 2<sup>nd</sup> week; No Form will be accepted later than that.
- Course work will be graded as 50% marks for IS report and 50% for the written exam.
- A hard copy of the final draft should be submitted in 14<sup>th</sup> week to the respective advisor.
- Final defense and Exam will be scheduled in 17<sup>th</sup> and 18<sup>th</sup> week.
- 2 hard bound copies and 1 soft copy (CD) should be submitted in 19<sup>th</sup> Week.
- The fee for Non taught course is per semester and in case of incomplete course work due to any reason the fee will not be carried forward to the next semester.

\_\_\_\_\_  
Student (Signature & Date)

-----Do not write beyond this section-----

Program Manager	Examination Department	Finance Officer	Records Controller
Remarks: _____ _____	Remarks: _____ _____	Remarks: _____ _____	Remarks: _____ _____
Signature & Date	Signature & Date	Signature & Date	Signature & Date