**Application for Special End Term (SET) Examination**

**(w.r.t. Conversion from ‘I’ to ‘F’ Grade)**

To the Convener, DPGC/DUGC ………………………..

I have missed the End-Semester Examination in the following courses(s) due to the reasons indicated below. I shall be grateful if you could kindly allow me to take the Special End Term examination (SETE).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Course(s) in which SETE is being sought** | | | | **Reasons for SETE** | | | | |
| **If SETE is sought on Medical grounds**  **YES/NO\*** | **Period of illness and consulting Medical Officer** | | | **If other than medical ground \*\*** |
| **Course Code** | **Name of Course coordinator** | **Details of Exam. held** | | **Name** | **Nature of illness** | **Period of illness** |
| **Date** | **Time** |
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**Note 1.**

**\*** If yes, attach a Medical Certificate giving details of illness, from Medical Officer of the Institute Dispensary. In case the student was not in the campus during the illness the Medical Certificate should be certified by the Medical Officer of the Institute.

**\*\*** The reason should be mentioned clearly supported by documentary evidence.

**Note 2.**

1. The student are required to immediately inform the concerned Convener DUGC and course coordinator with a copy to Dean, Academic regarding the End Term Examination missed by him/her alongwith the reason for the same and documentary evidence in its support by mail or fax.
2. The request for SET Exam. in a subject shall be considered only, if the student has attended atleast 75% of the classes held in the subject. The SET Examination shall be held within 10 days of the last day of the End Term Examination. However, the request for the same should be submitted to Convener, DUGC/DPGC through the concerned course coordinator/instructor within 2 days of the last day of End Term Examination in prescribed format in hard copy.

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Student)**

**Recommendation of the Course Coordinator:** Recommended / Not RecommendedSignature of the Course coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendation of the** **Convener DUGC/DPGC:**  Permitted/Not permitted on\_\_\_\_\_\_\_ proposed date of examination from\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_ (detailed . . date sheet attached)

Signature of the Convener DUGC/DPGC\_\_\_\_\_\_\_\_\_\_\_

Chairman, SPGB/SUGB Dean, Academic