



# NATIONAL SKILLS UNIVERSITY ISLAMABAD

## Controller of Examinations Office



<https://nsu.edu.pk/>

### Request form for Issuance of Semester Grade Sheet

*(To be filled by the candidate)*

|                           |  |                  |         |             |                                                |         |  |
|---------------------------|--|------------------|---------|-------------|------------------------------------------------|---------|--|
| Student Name              |  |                  |         | Father Name |                                                |         |  |
| Registration No.          |  |                  | Program |             |                                                | Section |  |
| Admission Year            |  | Current Semester |         |             | Semester Grade Sheet Required for the Semester |         |  |
| Batch                     |  |                  |         |             |                                                |         |  |
| Department                |  |                  |         | Contact No. |                                                |         |  |
| Purpose/Reason            |  |                  |         |             |                                                |         |  |
| Signatures of the Student |  |                  |         | Date        |                                                |         |  |
|                           |  |                  |         | (Day)       | (Month)                                        | (Year)  |  |

### NO OBJECTION CERTIFICATE *(To be filled by the Department Concerned & Treasurer office)*

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>From Department Concerned</b></p> <p>Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/></p> <p>Remarks (if any) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p align="center"><b>From Treasurer office</b></p> <p>i. Tuition Fee Paid up to: Spring: _____ Fall: _____</p> <p>ii. Semester Grade Sheet Fee of Rs. 700/-<br/>Paid <input type="checkbox"/> Not Paid <input type="checkbox"/></p> <p>iii. In case of Semester Grade Sheet Verification, Fee of Rs. 500/-<br/>Paid <input type="checkbox"/> Not Paid <input type="checkbox"/></p> <p>Remarks (if any) _____</p> |
| <p>Name: _____</p> <p>Designation: _____</p> <p>Department: _____</p> <p>Date: _____ Signature: _____</p> <p>Official stamp: _____</p>                                                                           | <p>Name: _____</p> <p>Designation: _____</p> <p>Department: _____</p> <p>Date: _____ Signature: _____</p> <p>Official stamp: _____</p>                                                                                                                                                                                                                                                                           |

*(For Controller of Exams. office use only)*

*Processing time: One Day*

#### Checklist before issuance of Semester Grade Sheet:

☐ Fee Defaulter List ☐ Other (Mention detail) \_\_\_\_\_

Remarks (if any) \_\_\_\_\_

Checked by: Name \_\_\_\_\_ Designation. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved By:**

Remarks by CoE (if any) \_\_\_\_\_

\_\_\_\_\_  
(Controller of Examinations)

Semester Grade Sheet Issued vide Dispatch No. \_\_\_\_\_ Dated \_\_\_\_\_

Remarks (if any) \_\_\_\_\_

Issued By (Name) \_\_\_\_\_ Signatures: \_\_\_\_\_