



# The Superior University Lahore

## Application for Academic Hardship Case

This application form is to be submitted for such cases which do not fall in the general category of rules concerning studentship at the University. Cases like extension in time period, repeat of courses beyond maximum time duration, and improvement of CGPA etc can be considered under the Hardship Policy.

**Instructions:**

- All columns should be filled in CAPITAL LETTERS.
- Incomplete form shall not be entertained.
- Fee slip should be attached for verified result card.
- Copy of the Student ID must be attached with the application.
- Hardship on the basis of Medical Grounds or death of close relation should be supported with documentary evidence.
- This form should reach the Student Support Services with all required documents, two weeks before the enrollment closing date.
- Application must contain the comments of the Program Leader/HoD Concerned.

<b><u>Summary of Student's Case:</u></b>		<b><u>Date:</u></b>		<b><u>Ref. No: (For Office only):</u></b>		
<b><u>Name:</u></b>		<b><u>Complete Roll Number:</u></b>				
<b><u>Contact:</u></b>		<b><u>Current Address:</u></b>				
<b><u>Program:</u></b>		<b><u>Department:</u></b>		<b><u>Email:</u></b>		
<b><u>SGPA/CGPA:</u></b>		<b><u>Admission Date:</u></b>				
<b><u>Re-admission facility availed or not:</u></b>		<b><u>No. of Semester already Studied:</u></b>				
<b><u>Case Type:</u></b>	Time Barred	Course Repeat to improve CGPA	Course Replacement	Course Enrollment	<b><u>Total Time Extension required</u></b>	6 months
						1 Year
<b><u>Session in which enrollment requested:</u></b>		Fall	Spring	Summer	<b><u>Tenure of degree till to date</u></b>	

**(Please explain the circumstances, which qualify you for hardship):**

**Student Signature**



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Serial No.	Course Code	Name of the Courses	Credit Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b><u>TOTAL</u></b>			

**Comments by HoD:**

**Signature with Name**

**Recommendation by Dean:**

**Signature with Name**

**Decision By the Committee:**