



GRAND ASIAN UNIVERSITY SIALKOT

REQUEST FOR ENROLLMENT AS A CASUAL STUDENT

(To be submitted to the Head of Department concerned)

Department: _____ Program: _____

Name of Student	Father Name	Registration No.	Roll No.

Reason for requesting Enrollment as a Casual Student: _____

Date: _____

Signatures of the Applicant

FOR OFFICE USE ONLY

HEAD OF DEPARTMENT

(Tick the required choice(s))

- After checking the student record and eligibility, it is recommended that permission may be granted for enrollment as a casual student.
- The student may be allowed one year extension beyond the maximum allowable time period (subject to approval by the Academic Council) to complete his studies. He may be permitted to enroll as a casual student.
- Enrollment as a casual student is not recommended.

Case No. : _____
(To be entered by HoD Office)

Head of Department
(Signatures with Stamp)

Dated : _____

Dated : _____

APPROVAL BY THE DEAN OF FACULTY

Recommended and forwarded to the Vice Chancellor for approval.

Dean of Faculty
(Signatures with Stamp)

Dated: _____

Approved and forwarded to the Controller of Examinations/Director Student Affairs for further necessary action.

Vice Chancellor