GALGOTIAS UNIVERSITY

Dated: 24.05.2022

NOTIFICATION

As per University Grants Commission notification dated 15th October 2015 – **"Guidelines on Determination of a Uniform Span Period within which a Student may be allowed to Qualify for a Degree"**. This will be applicable to the students (Time Span = N +2 years for the completion of programme and considering the exceptional circumstances a further extension of one more year is granted) of Batches graduated in 2019 only.

The students have to give their representation along with the documental evidence to substantiate the reason for not qualifying for a degree within stipulated time frame for the Program / Batch. Students have to submit the representation to Controller of Examination office by e-mail addressed to dyregistrar.conduct@galgotiasuniversity.edu.in on or before 30/05/2022.

The University will examine the representations given by student thereafter, the dates for Special Supplementary Examination for eligible students shall be notified.

Kindly furnish the details of the courses not cleared in below mentioned format:

S.No.	Course Name	Course Code	Semester	Status : Failed / Not Eligible / Detained
1				
2				

NOTE: Kindly also attach a copy grade card of all the semesters issued by University alongwith attached application form.

Controller of Examination

GALGOTIAS UNIVERSITY

UTTAR PRADESH

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR MERCY EXAMINATION, MAY-2022

1. Name of the Student (in Capital Letters): ....

2. Father's Name: ....

3.	Enrolment No.										

4. Programme:...

5. Name of the School: ....

6. Course(s) in which student needs to re-appear for Back Paper:

S. No.	Semester	Course Code	Course Name	Grade obtained in the last Examination
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

7. Original Fee receipt and a copy of the result of the course in which the student desires to re-appear are to be attached.

Date:

_____

Signature of Student

_____

Controller of Examinations

Mob No. _____

Email Id._____