NAZARBAYEV UNIVERSITY

Office of the Registrar

Retake Permission Form

PERSONAL DETAILS

Student's name _____

Student's ID _____ NU School _____

Major_____ Year of study_____

COURSE INFORMATION

Semester_____

Course title_____

Previously received grade_____ Previously taken semester_____

Overall number of retaken courses (including this semester):_____

Evidence (filled in by Adviser)_____

_____

Student's signature _____ date _____

Instructor's signature_____ date_____

Adviser's signature_____ date_____

Dean/Designated School Representative's signature_____ date _____

*Please be sure not to leave blank fields. It will prevent from proceeding your form.

Office of the Registrar use only

Processed by: Date:

revised May 23, 2013