Shifa Tameer e Millat University
Islamabad

RE-TOTALING REQUEST FORM

Name:	**Exam Roll#:**
Date:	**Signature:**

Re-totaling Request *(Please mention subject/paper below)*

Subject / Paper I:_____ **Subject / Paper II:**_____

Subject / Paper III:_____ **Subject / Paper IV:**_____

Subject / Paper V:_____ **Subject / Paper VI:**_____

Subject / Paper VII:_____ **Subject / Paper VIII:**_____

For STMU-Exams Office use only

Recommendations/Action:

Checked & Verified by:	**Approved by:**
_____ **Deputy Controller of Examinations**	_____ **Controller of Examinations**

For STMU-Accounts Office use only

Name:	**Total # of papers:**
Payment Rs:	**Bank Receipt#:**