

I \_\_\_\_\_ registration # \_\_\_\_\_ of \_\_\_\_\_ program, have completed all degree requirements. Please issue cheque in favor\* of \_\_\_\_\_

*\*Cheque will be issued in the name of student or parents only which must be picked up within six months of issue date, after which the cheque will be forfeited.*

Student Cell #: \_\_\_\_\_ Email ID: \_\_\_\_\_

\_\_\_\_\_  
Student (Sign & Date)

- **List of required documents and instructions for students are on Page 4.**

**For Office Use Only (Do not write below this line)**

Alumni database entry made [gd.szabist-isb.edu.pk](http://gd.szabist-isb.edu.pk)  **EDC**  
One passport size picture  \_\_\_\_\_  
EDC Manager (Sign & Date)

**Library**  
No outstanding dues :  Remarks: \_\_\_\_\_  
\_\_\_\_\_  
Librarian (Sign & Date)

**Admissions**  
GAT Score (for MS/PhD) submitted:  Remarks: \_\_\_\_\_  
Time Barred: Yes  No  \_\_\_\_\_  
Manager Admission (Sign & Date)

**Academics**  
Publication's Requirements (for PhD)  Remarks: \_\_\_\_\_  
\_\_\_\_\_  
Academic Controller (Sign & Date)

**Computer Lab**  
Lab Domain Account is disabled  Remarks: \_\_\_\_\_  
Software copyright submitted   
(for BS-Computing/ MCS only) \_\_\_\_\_  
Manager Systems (Sign & Date)

**Media Cage & Studio**  
No Outstanding Equipment  Remarks: \_\_\_\_\_  
No reimbursement/ repair required  \_\_\_\_\_  
Media Lab / Activity Supervisor (Sign & Date)

**Finance Office**

Security Deposit			Printing & other Charges	
Other Payables			Library Dues	
			Degree Fee	
<b>Total Payable</b>			<b>Total Receivables</b>	

Payable Rs. \_\_\_\_\_ paid vide cheque number \_\_\_\_\_ dated \_\_\_\_\_  
Receivable Rs. \_\_\_\_\_ paid vide challan number \_\_\_\_\_ dated \_\_\_\_\_

\_\_\_\_\_  
Financial Controller (Sign & Date)

**Note:** Validity of clearances date is **ONE** month. Records Office will not accept this form, if the clearances are more than a month old at the date of submission.

**Records Office**

Records file of the student has been closed   
Graduating Student Survey Form Entered  \_\_\_\_\_  
Records Office (Sign & Date)

**STUDENT RECEIVING (After Collection of Transcript)**

All information reported on Final Transcript and Pass Certificate is checked and does not require any corrections.

Received by (Name): \_\_\_\_\_ CNIC #: \_\_\_\_\_ Sign & Date: \_\_\_\_\_

## **ALUMNI DATABASE FORM**

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Passing year: \_\_\_\_\_

Degree Completed: \_\_\_\_\_ Major: \_\_\_\_\_

Organization of Employment: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Class e-Group: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Instructions:** The candidate must fill and submit this form with the final transcript request form.

## Survey of Graduating Students

The survey seeks graduating students input on the quality of the academic programs at SZABIST. We seek your help in completing this survey.

Sr. no	Item	A: Very Good	B: satisfied	C: Uncertain	D: Dissatisfied	E: Very Dissatisfied
1.	The program is effective in developing written communication skills.					
2.	The program is effective in developing analytical and problem solving skills.					
3.	The program is effective in enhancing team-working abilities.					
4.	The program is effective in developing planning abilities.					
5.	The program is effective in developing independent thinking.					
6.	Contents of the curriculum meet program objectives.					
7.	Faculty is competent and able to meet the program objectives.					
8.	The program Manager is helpful in supporting learning.					
9.	Environment is conducive to learning.					
10.	There are enough co-curricular and extra-curricular activities available.					
11.	The objectives of the program have been fully achieved.					
12.	Scholarships, financial assistance and grants are available.					

Answer question 13 if applicable.

**13.** The internship experience is effective in enhancing:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Ability to work in teams             | A | B | C | D | E |
| b. Independent thinking                 | A | B | C | D | E |
| c. Appreciation of ethical values       | A | B | C | D | E |
| d. Professional development             | A | B | C | D | E |
| e. Time Management Skills               | A | B | C | D | E |
| f. Judgment                             | A | B | C | D | E |
| g. Discipline                           | A | B | C | D | E |
| h. The link between theory and practice | A | B | C | D | E |

14. What were the best aspects of your program?

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15. What aspects of your program could be improved?

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16. Any other comments:

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Name (Optional): \_\_\_\_\_  
 Registration No (Optional): \_\_\_\_\_  
 Program: \_\_\_\_\_

One (1)  
Passport Size  
Photograph for  
Graduate  
Directory

## Please Attach Following Mandatory Documents:

- **Bachelors:** Copy of Intermediate (Mark Sheet and Certificate) OR “A” Level Results (A’ Level students must submit passport copy with father’s name correctly spelt in English)
- **Masters:** Copy of Last Last Transcript (Consolidated) & Degree Issued. } If father’s name is not mentioned on last degree / transcript, then the student MUST submit Passport copy with father’s name correctly spelt in English
- **MS and PhD:** Copy of Last Transcript (Consolidated) & Degree Issued. }  
Copy of GAT Score Certificate (MS: GAT-General, PhD: GAT-Subject)
- **For MBA, BBA & BS:** Copy of Internship Certificate / Internship Waiver Form (Experience Letter Required)
- Software Copyright Form (*for MCS/ BS-Computing only*)
- Graduating Students Survey Form (*Attached*)
- Student Passport size picture for GD.

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### INSTRUCTIONS:

- Extra course (s) if taken (elective/bi-major) \_\_\_\_\_
- IS’s area (MS/PhD students):      IS-I \_\_\_\_\_ IS-II \_\_\_\_\_
- Final Transcript & Pass Certificate will only be issued after all requirements for the degree are completed including the submission of all the educational documents.
- No changes will be made in Degree, Final Transcript & Pass Certificate once issued.
- Only those candidates who become eligible to receive the Final Transcript & Pass Certificate will be eligible to receive the Degree at the next convocation.
- In case of nominating someone else to collect the Degree, Final Transcript & Pass Certificate, the student should email authority letter to the Records Department; the nominee in order to collect documents will have to submit a copy of the CNIC.
- **Final Transcript and Degree Form must be submitted at the Records Department.**
- Transcript & Pass Certificate will be issued after six weeks (06) from submission of final transcript request.
- Degree will be issued after three weeks of Convocation.

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Revised August 28, 2014

**INTERNSHIP WAIVER FORM**

*(Please attached the certificate as evidence)*

NAME : \_\_\_\_\_ REGISTRATION NO : \_\_\_\_\_

SEMESTER / YEAR : \_\_\_\_\_

**WORK EXPERIENCE**

TIME PERIOD FROM : \_\_\_\_\_ To: \_\_\_\_\_

NAME OF THE ORGANIZATION : \_\_\_\_\_

DESIGNATION : \_\_\_\_\_

NAME & TEL. # OF IMMEDIATE SUPERVISOR : \_\_\_\_\_

JOB DESCRIPTION :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Official Use Only*

ACCEPTABLE / NOT ACCEPTABLE : \_\_\_\_\_

\_\_\_\_\_  
PROGRAM MANAGER

DATE: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Organization \_\_\_\_\_

Department / Designation \_\_\_\_\_

Name of the Intern \_\_\_\_\_

Duration of Internship From \_\_\_\_\_ To \_\_\_\_\_

**Intern's Evaluation**

Rating Scale				
A	B	C	D	E
Highest				Lowest

- 1. Knowledge
- 2. Punctuality
- 3. Team work
- 4. Confidence
- 5. Productivity
- 6. Maturity
- 7. Analytical ability / creativity

**Other Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date