

Student Services Office

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CEPT
UNIVERSITY

Night Out Form

Date: - / /

Name of the student:- _____

Student Code number:- _____

Faculty: - _____

Room No. to be kept opened: - _____ for total no. of Students # _____

Exam date on: - _____ to _____

Night out dates: - _____ to _____

Reason: - _____

Faculty member's Name: - _____

Registrar

Signature:- _____

Note: - CC to Sunil Basapati

* Request form should be submitted by 5:30pm a day prior to the date of permission.