COMSATS Institute of Information Technology Lahore Campus

MAKE-UP EXAMS Request Form

To be filled by the Student (Please fill all fileds having * and attach required documents):

Exams Type: 1 st Sessionals 2 nd Sessionals Midterm Semester: Fall-20_ Spring-20_	
*Registration. No.:	*Name:
*Degree Program/Batch:	*Department:
*Course Title:	Resource Persons/Teacher Name:
*Reason for apply:	
 Please attach original paid challan receipt (Rs. 2000/- Per Course for Undergraduate Programs and Rs. 3000/- Per Course for Graduate Programs) after getting the approval of concerned HoD/Incharge. This form can only be used for make up examination of 01 course only, attach separate form if you want to apply for more than 01 coruse. Also attach the evidentiary documents like Medical Certificate in case of illness or Marriage Ceremony Card in case of marriage of your brother/sister. *Student's Signature: 	
HOD/Incharge's Approval	
*Department: *HoD/Inchare Name:	
Either request for make-up exams is Approved	or ■ Not Approved (Please tick with $\sqrt{\ }$)
Remarks(if any):	
Date:	Signature:
To be filled by the Resource Person Kindly fill the following fields if student's request is approved by the head/Incharge of the academic department; Exams Date: Exams Time: Exams Place: Remarks(if any):	
[Please note make up exams should be conducted within 10 days from the conduction of regular exams]	
Date: Resource Person Name:	Resource Person Sign:
Note for DCO	
This request form should be submitted to examinations department along with the following documents;	
☐ Award list ☐ Attendance Sheet ☐ Sealed envelope of solved answer books ☐ Copy of Question Paper ☐ Oringinal fee receipt of Rs. 2000/- Per Course for Undergraduate Programs and Rs. 3000/- Per Course for Graduate Programs	
For Examinations Office Only	
Control No:Received by(Name & S	ignature):Date:
Previous Status on Attendance Sheet: Obtained/Total Marks:	
Marks Uploaded on System by (Name & Signature):	:Date: