

COMSATS Institute of Information Technology
Lahore Campus
Semester Result Card Request Form

Date: ___/___/___

Registration Number: _____ Current Semester: _____

Name: _____ Father Name: _____

Degree Program (Please ✓ tick at your degree program):

Electrical Engineering	Management Sciences	Computer Science	Chemical Engineering	Physics, Humanities, Mathematics	Architect & Design
<input type="checkbox"/> BSTE <input type="checkbox"/> BSCE <input type="checkbox"/> BSEE <input type="checkbox"/> MSTE <input type="checkbox"/> MSEE <input type="checkbox"/> PhD-EE <input type="checkbox"/> Any Other	<input type="checkbox"/> BSBA <input type="checkbox"/> BSAF <input type="checkbox"/> BSECO <input type="checkbox"/> BBS <input type="checkbox"/> MBA (1.5 year) <input type="checkbox"/> MBA (02 year) <input type="checkbox"/> MBA (03 year) <input type="checkbox"/> MBA (3.5 year) <input type="checkbox"/> MSMS <input type="checkbox"/> MSECO <input type="checkbox"/> MSPM <input type="checkbox"/> MSSM <input type="checkbox"/> PhD-MS <input type="checkbox"/> Any Other	<input type="checkbox"/> BSCS <input type="checkbox"/> BSSE <input type="checkbox"/> MSCS <input type="checkbox"/> PhD-CS <input type="checkbox"/> Any Other	<input type="checkbox"/> BSEC <input type="checkbox"/> MS-Chem <input type="checkbox"/> PhD-Chem <input type="checkbox"/> Any Other	<input type="checkbox"/> BPH <input type="checkbox"/> BPSY <input type="checkbox"/> BSM <input type="checkbox"/> MSENG <input type="checkbox"/> MSMATH <input type="checkbox"/> MSPHY <input type="checkbox"/> MSSTAT <input type="checkbox"/> PhD-PHY <input type="checkbox"/> PhD-MATH <input type="checkbox"/> PhD-STAT <input type="checkbox"/> Any Other	<input type="checkbox"/> BAR <input type="checkbox"/> BDE <input type="checkbox"/> BFA <input type="checkbox"/> Any Other

Result required for the Period from Semester _____ to Semester _____

Reason for applying:

Kindly attach Original Copy of Bank Voucher as per following detail:

- Urgent (Fee Rs. 1000/- per semester within 01 day)
 Normal (Fee Rs. 500/- per semester within 05 days)

Student Cell #: _____

Student Signature: _____

For Examinations Office OnlyDiary In. #: _____ Date: _____ Paid Voucher Attached Yes No

Received by: _____ Marked to: _____

Prepared by: _____ Result Card Issuance. # _____ Date: _____

Comments: _____
