



COMSATS University Islamabad Lahore Campus

Paper Rechecking Request Form

Note: All application regarding paper rechecking/marks retotling must be reached in examination department within 10 days from the declaration of result. Application received after the deadline will not be entertained.

Exams Type: 1st Sessionals 2nd Sessionals Midterm Finalterm

Semester: Fall-__ Spring-__

To be filled by the Student (Please fill all fields having *)

*Registration. No.: _____ *Name: _____

*Degree Program/Batch: _____ *Department: _____ *Section: _____

*Course Code: _____ *Course Title: _____

*Resource Persons/Teacher Name: _____

*Marks Obtained: _____ *Grade: _____

Note:

1. Please attach original challan receipt (Rs. 1,500/- Per Course) after getting the approval of concerned HoD/Incharge
2. This form can only be used for paper rechecking of 01 course only, attach separate form if you want to apply for more than 01 course.
3. Answer books are checked only to ensure that all the questions attempted by the candidate have been marked and totalled correctly and that the total marks have been correctly carried over to the Award List. **Re-evaluation of the paper shall not be allowed.**

Date: _____ Student Cell #: _____ Student Signature: _____

Recommendation by HOD/Incharge

Either request for paper rechecking is Approved or Not Approved (Please tick with √)

Date: _____ Signature: _____

Remarks(if any): _____

For Examinations Office Only

Diary In No: _____ Received by(Name & Signature): _____ Date: _____

Marked to: _____ Date: _____

Remarks: _____