



# COMSATS University Islamabad Lahore Campus

## Result Correction Request Form

**Note: All application regarding result correction must be reached in examination department within 10 days from the declaration of result. Application received after the 10 days will not be entertained.**

Date: \_\_\_ / \_\_\_ / \_\_\_

Registration Number: \_\_\_\_\_ Student Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Program/Batch: \_\_\_\_\_ Section: \_\_\_\_\_ Department: \_\_\_\_\_

Semester Name and Number in which result correction is required: \_\_\_\_\_

Reason / Detail for applying: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

Remarks of concerned Resource Person:

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

Name of Resource Person: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments of Head/Incharge of Academic Department:

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

Signature of Head/Incharge: \_\_\_\_\_ Date: \_\_\_\_\_

### For Examinations Office Only

Diary In. #: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Marked to: \_\_\_\_\_

Comments: \_\_\_\_\_