



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: _____