

COMSATS Institute of Information Technology
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.

Registration Number: _____ Student Name: _____ Date: ___/___/___

Degree Program/Batch: _____ 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: _____
