



# COMSATS University Islamabad Lahore Campus

## Paper Rechecking Request Form

**Note: All application regarding paper rechecking/marks retotting 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:       1<sup>st</sup> Sessionals       2<sup>nd</sup> Sessionals       Midterm       Finalterm

Semester:       Fall-20\_\_       Spring-20\_\_

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

\*Registration. No.: \_\_\_\_\_ \*Name: \_\_\_\_\_

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

\*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: \_\_\_\_\_

\_\_\_\_\_