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.

Date:____/____/____

Registration Number:_____ **Student Name:** _____

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

Semester Name and Number in which result correction is required:_____

Reason / Detail for applying:_____

_____

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_____

Signature of Student:_____

Remarks of concerned Resource Person:

_____

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Name of Resource Person:_____**Signature:**_____**Date:**_____

Comments of Head/Incharge of Academic Department:

_____

_____

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Signature of Head/Incharge;_____**Date:**_____

For Examinations Office Only

Diary In. #: _____ Received by:_____ Date: _____

Marked to:_____ Comments:_____

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