COMSATS Institute of Information Technology Lahore Campus

Final Transcript / Degree Receiving Form (For Passed Out Students Only)

I, (Graduate's Name):				
s/o, d/o (father's name):				
having Registration #:				
hereby certified that I have chec	ked and verified	all the particular	s, especially following;	
i) Spellings of my Nameiii) Courses and Grades		Spellings of my I CGPA □		√)
I do verify that my particulars redifficulty arising out of inaccurattached copy of my CNIC.				
Degree Received Sr#				
Transcript Received Sr#				
CNIC #	-		-	
Degree Completion Year:				
Name of Employer (if applicable	e):			
Your Postal Address:				
Phone#:		Mobile#:		
E-mail:				
			Signature of Gra	<u>duate</u>
	For Examir	ations Office Or	nly	
earance status of graduate has bee	n verified	CNIC / Signat	ure of graduate has been ve	erified \square
ocuments Issued by (Name & Sign	ature):		Date:	