



COMSATS Institute of Information Technology

30, Sector H-8/1, Islamabad Ph: (92-51) 9258481-82, 4448371-72, Fax: (92-51) 4442805

Directorate of Academics

CIIT INTERCAMPUS MIGRATION REQUEST FORM

1. Name: _____
2. Father's Name: _____
3. Registration # _____
4. a) Current Semester _____ b) Over all Semester _____
5. Date of Birth : _____ 6) N.I.C. # : _____
7. Department : _____
8. Migration Request: a) From _____ Campus
b) To: _____ Campus

9 Reason for Migration:

- a) _____

- b) Evidence: _____
(Please attach documentary Proof)

10 Marks in Last Public Examination:

- a) Intermediate (for UG program)
Total Marks: _____ Marks Obtained: _____ % _____
- b) Bachelor for (Master Program)
Total Marks: _____ Marks Obtained: _____ % _____

11 Semester Progress:

(Please attach documentary Proof)

Semester	Session	CGPA	Semester	Session	CGPA
I			V		
II			VI		
III			VII		
IV					

(Please attach the check list)

- 12 Pay order /Bank Draft #: _____ Name of Bank _____ Date: _____
(in the name of Comsats Institute of Information Technology Islamabad)

I, Mr / Ms _____ Son / Daughter of _____ hereby solemnly
declare that the information provided on this Application Form is accurate and complete. I understand that incomplete,
inaccurate or false statement may cause my admission to be rescinded. I have read and understood all instructions
related to migration.

Signature of Candidate _____ Date: _____

Signature of Parent / Guardian _____ Date: _____



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For Office Use

(Department)

Check List:

1. One recent passport size photograph (attested from back).
2. Attested photocopies of National Identity Card.
3. Attested photocopies of all academic certificates / degrees / equivalence certificates
4. Pay order / Bank Draft of Rs.5,000/- (non refundable) in the name of CIIT Islamabad.
5. Any other relevant document(s).

Admission / NTS Test Score: _____ Over all Merit Score: _____

Checked by: _____ (Name) _____ (Signature) Date: _____

Campus of Origin:

Recommended ☐ Not Recommended ☐
Mr./Ms. _____ Registration # _____ may be migrated from
_____ campus to _____ campus, to which I have no objection.

Signature: _____
(Director / Authorized Person with name)

Date: _____

Destination Campus:

Recommended ☐ Not Recommended ☐
Mr/Ms _____ Registration # _____ may be migrated
from _____ campus to _____ campus, to which I have no objection.

Signature: _____
(Director / Authorized Person with name)

Date: _____

Director Academics:

Migration of Mr./Ms. _____ Registration # _____ from
_____ campus to _____ campus is hereby APPROVED/NOT APPROVED

(Signature)

(Date)