

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

	Name:								
2.	Father's Na	ame:				/			
3.	Registratio	n #				170-		Y)	
4.		a) Current Semester b) Over all Semester							
5.		Date of Birth :6) N.I.C. # :							
7.	Department :								
8.						Camp	us		
			b)			Camp			
9	Reason for	Migration:							
	a)								
	-								
	_					d stohe-		<u></u>	
	<u> </u>								
	b) Ev	idence:	/DI						
			(Pleas	se attach d	ocumentary	Proof)			
10 1	Marks in Last	Public Exami	nation:						
	a) Intermediate (for UG program)								
	Total Marks: Marks Obtained: %								
		rotariy	larks: _		Marks Obta	ained:	%	_	
	b) Bache			- *	Marks Obta	ained:	_ %	-	* 500
	b) Bache	lor for (Maste	r Progra	ım)			%		
11	Semester P	lor for (Maste Total N	er Progra Marks:	ım)			2019		,
		lor for (Maste Total N	er Progra Marks:	ım)			2019		
	Semester P	lor for (Maste Total N	er Progra Marks:	nm)			2019		
	Semester P	lor for (Maste Total M rogress: umentary Pro	er Progra farks: pof)	nm)	Marks Obta	nined:	<u></u> %	-	
	Semester P	lor for (Maste Total M rogress: umentary Pro Semester	er Progra farks: pof)	nm)	Marks Obta	ined:	<u></u> %	-	
	Semester P	rogress: umentary Pro	er Progra farks: pof)	nm)	Marks Obta	Semester	<u></u> %	-	
	Semester P	rogress: umentary Pro Semester	er Progra farks: pof)	nm)	Marks Obta	Semester V	<u></u> %	-	
	Semester P	rogress: umentary Pro Semester	er Progra farks: pof)	nm)	Marks Obta	Semester V	<u></u> %	CGPA	ttach the check lis
	Semester Pase attach doc	rogress: umentary Pro Semester I II III IV	er Progra flarks: pof) Sess	am)	Marks Obta	Semester V VI VII	%%	CGPA (Please at	ttach the check lis
(Plea	Semester Pase attach doc	rogress: umentary Pro Semester I II III IV	er Progra flarks: pof) Sess	am)	Marks Obta	Semester V VI VII	%%	CGPA	ttach the check lis
(Plea	Semester Pase attach doc Pay order /E	rogress: umentary Pro Semester I II III IV Bank Draft #:	er Progra farks: pof) Sess	e of Informa	Narks Obta	Semester V VI VII where of Bank logy Islamabad	%	(Please at Date:	
(Plea	Semester Pase attach doc Pay order /E (in the name)	rmation prov	er Progra flarks: pof) Sess	e of Informa	Narks Obta	Semester V VI VII when of Bank logy Islamabace the second to the sec	%	(Please at Date:	hereby solemnly
(Plea 12 Mr / W clare accur	Semester Pase attach doc Pay order /E (in the name)	rogress: Semester I II III IV Bank Draft #: e of Comsats rmation provide tatement ma	er Progra flarks: pof) Sess	e of Informa	Narks Obta	Semester V VI VII when of Bank logy Islamabace the second to the sec	%	(Please at Date:	hereby solemnly
12 Mr/Mclare	Semester Pase attach documents of the second	rogress: sumentary Pro Semester I II III IV Bank Draft #: e of Comsats rmation provisatement ma	er Progra farks: pof) Sess Institute Vided or ay cause	e of Informa	Narks Obtain Nation Technologication Formussion to be	Semester V VI VII VII Inne of Bank logy Islamabace where of m is accurate rescinded. I have	Session Session and complete ave read and	(Please at Date:	hereby solemnly that incomplete Il instructions
(Plea Mr / M clare accur ated	Semester Pase attach doc Pay order /E (in the name) Is that the inforate or false s	rmation provided in the latest and t	er Progra flarks: pof) Sess Institute Vided or ay cause	e of Informa	Narks Obtain Nation Technologication Formussion to be	Semester V VI VII VII Inne of Bank logy Islamabace where of m is accurate rescinded. I have	Session Session and complete ave read and	(Please at Date:	hereby solemnly that incomplete Il instructions



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Directorate of Academics

For Office Use (Department)

Check List:

- One recent passport size photograph (attested from back).
 Attested photocopies of National Identity Card.
 Attested photocopies of all academic certificates / degrees.

 Pay order / Bank I Any other relevant 	Oraft of Rs.5,000/- (n	on refundable) in the name of CIIT Islamabad.	
Admission / NTS Test S	Score:	Over all Merit Score:	
Checked by:			
Checked by: (Name)		(Signature)	
Campus of Origin:			
Recommended		Not Recommended	
Mr./Ms		Registration #	may be migrated from
	campus to	campus, to which I have	no objection.
		Signature:	
		(Director / Au	thorized Person with name)
		Date:	
Destination Campus:			
Recommended	- Jan	Not Recommended	
Mr/Ms		Registration #	may be migrated
from	campus to	campus, to which I l	nave no objection.
		Signature:	
		(Director / Au	thorized Person with name)
		Date:	
Director Academics:			
Migration of Mr./Ms		Registration #	from
	campus to	campus is hereby APPR(
		S mine of the	
			(Signature)
and the second second			(Date)