



COMSATS University Islamabad, Vehari Campus

Academics Section

CUI 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 Program:

(Please attach documentary Proof)

| Semester | Session | CGPA | Semester | Session | CGPA |
|----------|---------|------|----------|---------|------|
| I | | | I | | |
| II | | | II | | |
| II | | | II | | |
| IV | | | IV | | |

(Please attach the check list)

12. Pay order/Bank Draft #: _____ Name of Bank _____ Date: _____

(In the name of COMSATS University 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 I understand that incomplete, inaccurate or false statement may cause my admission to be rescinded.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: _____

For Office Use

(Department)

Check list:

1. One recent passport size photograph (attested from back)
2. Attested photocopies or National Identity Card.
3. Attested photocopies of all academic certificates / degrees / equivalence certificates
4. Pay order / Bank Draft of Rs. 10,000/- (non refundable) in the name of CUI Islamabad.
5. Any other relevant document(s).

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

Checked by: _____ Date: _____

(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/ 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)
