



COMSATS University Islamabad, Vehari Campus

Mailsi Road, Off Multan Road, Vehari

Tel: (067) 3602803

Request Form of Rechecking/Re-Totaling of Answer Books

Dated: ____/____/20____

Name of the Student: _____

Registration Number: _____

Contact Number: Landline _____ Cell Number: _____

No. of Answer Books to Recheck _____

Sr #	Subject		Instructor Name
	Course Code	Course Name	
1			
2			
3			
4			
5			
6			

Student Signature

HoD Signature

For Office Use Only

Application is complete along with the Rechecking Fee submission proofs.

Received By: _____ Date: ____/____/20____