COMSATS University Islamabad, Sahiwal Campus

COMSATS Road, Off G.T Road, Sahiwal (Tel: 040-4305001-5, 9200100 F ax: 040-4305006)

Student/Candidate Application Form

DOC#CUI/SWL/AO/FORM-01 Rev#00

Tracking #:_____
(For official use)

Date: _____

Name of Student:_____ **Father's Name:**_____

Admission Form No.(If applicable)		Registration No.	Contact No.	Email
Online No.	Offline No.			

Please write your current phone number / Email address on which, you wish to be updated.
(While writing down your application, avoid unnecessary details. Use back side, if additional space is required).

To:	
Subject:	☐ **Change of Program Preference.** ☐ **Updation of NTS Test Result.** ☐ **Updation of Academic Marks.** ☐ **Any Other (Please mention.)**_____

Dear Sir,

_____

Signature of Applicant

Recommendation