COMSATS University Islamabad, Sahiwal Campus
Form for Requesting Recounting of Answer Books
CUI/SWL/EX/F-02-Rev#01

Dated: ---------------------

Name of the Student: _____

Registration Number: _____

Contact Number: Landline _____ Cell Number: _____

No. of Answer Books to Recheck_____

Subject (Course Code + Title)	Instructor

Note: Please attach receipt of paid Challan. Paper-recounting fee is **Rs. 2500** per paper.

STUDENT'S SIGNATURE   **HEAD OF DEPARTMENT'S SIGNAUTRE**

For Office Use Only

☐ Application is complete along with the Rechecking Fee submission proofs.

Received By: _____ Date: _____

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Instructor's Remarks

Subject	Instructor Name	Remarks	Instructor Signature	HoD Signature