



# COMSATS University Islamabad

## Sahiwal Campus

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DOC#CUI-SWL/IT/FORM/05 REV 01

### **Microsoft Imagine Account** **Student Registration Form**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Semester: \_\_\_\_\_

Department: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(NOTE: Please provide valid e-mail ID Hotmail/Gmail/Yahoo etc. and attach copy of Student ID Card)

Mobile #: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by In-charge/HOD: \_\_\_\_\_

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### **For IT Office Use Only**

Remarks: \_\_\_\_\_ Signature: \_\_\_\_\_

(Submit a filled copy of this form to IT Office)