**COMSATS UNIVERSITY ISLAMABAD**

**ABBOTTABAD CAMPUS**

***APPLICATION FOR ISSUANCE OF TRANSCRIPT / DEGREE***

(All entries must be filled)

To: The Additional Registrar (Examinations)

 CIIT, Abbottabad

**Name** : **Father’s Name:** \_\_\_\_\_\_

**Registration Number** : **Year of Passing**:

**Mode of Delivery**: Self / Authorized Person ((In case of authorized person please attach photocopy of ID Card)

**Name**: **ID card No**.

**Address**:

**Telephone No**. **Mobile No**

**Date of Application**: **Signature of Applicant**:

x……………………………………………………………………………………………………………x

**For Office Use Only**

**File Deficiencies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified that applicant has fulfilled the requirements for issuance of Transcript / Degree.

Transcript / Degree #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Graduation

Date of Issuance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checked by: Counter checked by:**

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