COMSATS University Islamabad, Abbottabad Campus
University Road, Abbottabad
Phone # 0992-383591-95

INTER-CAMPUS MIGRATION REQUEST FORM

1. Student Name: _____

2. Father's Name: _____

3. Registration No. _____

4. a) Current Semester: _____ b)Over all Semesters: _____

5. Date of Birth: _____ 6. C.N.I.C No. : _____

7. Department: _____

8. Migration Request: a) From _____Campus

   b) To _____Campus

9. Reason of Migration:

   a) --

   ----

   b) Evidence / Documentary Proof : ---

   (Please Attach Proof)

11. Semester Progress:

(Please attach documentary proof)

Semester	Session	CGPA	Semester	Session	CGPA

12. Pay order /BANK DRAFT / Challan form # _____

Name of Bank: -- Dated: --------------------------------

I, Mr. Ms _____ S/D of _____

hereby solemnly declare that the information provided on this application form is accurate and complete.

I understand that incomplete, inaccurate or false statement may cause my admission to be rescinded. I

have read and understood all instructions related to migration.

Signature of Candidate: _____ Date: _____

Signature of Parent / Guardian: _____ Dated: _____