



COMSATS University Islamabad, Abbottabad Campus
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Reg/Form-004/

Application for Change of Elective Course

Session: _____

Date of Submission: _____

Deadline for submission of Application: _____

Name of Student: _____

Registration No: _____

Failed Course code, title and credit hours:

Desired course code, title and credit hours for registration:

Requirements

Change of elective will be allowed after fulfillment of following conditions:

- Only for Undergraduate students.
- Requested course is elective and not offered in campus.
- Credit hours of desired course should be equal or more than failed elective course.
- Deadline for submission of application is before start of semester.
- Desired course must be selected from scheme of study of relevant session & program.

Undertaking

I _____ son of /daughter of _____ hereby solemnly declare the information provided in this form is true and correct to the best of my knowledge. I have read and understand all the instructions provided in this form and agreed. The institute shall have the right to reject my request in the case of wrong information.

Signature of Applicant _____

Recommendations of HOD: _____

Signature of HOD

Note: Application should reach in the Registrar office in the first week of semester