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COMSATS University Islamabad Abbottabad Campus

**APPLICATION FORM FOR READMISSION FOR MS/PhD STUDENTS**

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| --- | --- |
| **Name:** | **Registration #** |
| **Program:** | **Department:** |
| **Absent semester:** | **Readmission requested semester\*:** |
| **Date:** | **Copy Challan of fee (admission, reg. etc.) paid: Attached** |
| **Reason for Absence:** |
|  |
| I hereby request for readmission for consideration under CUI rules.  |

***\* Please specify semester and year e.g. (SP21, FA20 etc.), Readmission on 02 consecutive semesters absence is not allowed.***

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**Applicant Signature**

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|  | **Kindly tick any one of the following** | **Name & Signature** |
| **Supervisor****concerned** | **Recommended****Not Recommended****Recommended****Not Recommended****Recommended****Not Recommended****Approved****Not Approved****Approved****Not Approved** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Head of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairperson of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dean of the Faculty** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The Registrar, CUI** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notified vide Notification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Office of Registrar |