



# COMSATS Institute of Information Technology Wah Cantt

## Alternate Elective Course Form

Student Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Registration No. CIIT/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/WAH Program: \_\_\_\_\_

### Failed Course detail:

Course Code	Course Title	Credit	Semester
			FALL / SPRING _____
			FALL / SPRING _____

### Alternate Course detail:

Course Code	Course Title	Credit	Semester
			FALL / SPRING _____
			FALL / SPRING _____

\_\_\_\_\_  
Student Signature  
Dated: \_\_/\_\_/201\_\_

### Official Use Only

#### STEP 1: Concerned Department

Recommended by Comments by Program Coordinator: \_\_\_\_\_

Signature of Program Coordinator \_\_\_\_\_ dated \_\_\_\_\_

Recommendations by Head of Department \_\_\_\_\_

Signature of Head of Department \_\_\_\_\_ dated \_\_\_\_\_

#### STEP2: Academic Section:

Assistant Registrar, Academics \_\_\_\_\_ dated \_\_\_\_\_

#### STEP3: Examination Section:

Signature of Exam Official \_\_\_\_\_ dated \_\_\_\_\_