



COMSATS Institute of Information Technology

WahCantt

REVIEW APPLICATION FORM

Dismissal (DI) Case

1. Student Personal Information

Name:	Registration No:
Department:	Contact No / Email:

2. Student Academic Information

Please tick appropriate box

DI 1ST HALF DI 2nd HALF

DI Semester

FALL	SPRING
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 Year:

Briefly describe the reason of DI: _____

_____ (attached additional sheet if required)

Student Signature

Date: _____

Departmental Advisory Committee Remarks:

Committee Members Signatures:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

- Form Submission to Admission Office In Case of DI 1st Half after Recommendation
- Form Submission to Registrar Office in Case of DI 2nd Half after Recommendation