COMSATS University Islamabad
Wah Campus
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Alternate Elective Course Form

Student Name: ___________________  Father’s Name: ___________________

Registration No.____-________-_____/WAH  Program: _______________________  

Failed Course detail:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
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<td>FALL / SPRING</td>
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________________________
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 _______________________

STEP 2: Academic Section:

Assistant Registrar, Academics ____________________________ dated _______________________

STEP 3: Examination Section:

Signature of Exam Official ____________________________ dated _______________________