



# 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:

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 \_\_\_\_\_

