



COMSATS University Islamabad
Wah Campus

ACAD/DI REVIEW FORM/006

ACAD 6

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