



COMSATS University Islamabad
Form for Appearing in Ph.D. Comprehensive Examination

PART I
(to be filled in by student)

Student's Name			
Reg. No.		Date of admission	
Department		Campus	
Program			
Specialization (if any)			

Course Work Details:

Course Code	Course Title	Credit Hours	Semester	Grade	Remarks
Total Credit Hours Passed During Coursework			CGPA		

Student's Signature: _____

Date: _____

PART II (to be filled in by Supervisor)

Supervisor's Name	
Proposed Date of Examination	

Supervisor's Signature: _____

Date: _____

Signature

Secretary DAC

Signature

Convener DAC

Part III (for official use only)

Date of Comprehensive Examination		Time /Duration	From:	To:
Venue				