



PAPER REVIEW FORM

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_ Department: \_\_\_\_\_ Program: \_\_\_\_\_

CGPA: \_\_\_\_\_ Total Credit Hours Completed Successfully: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Semester: Fall / Spring / Summer

Course / s applied for result review

| Sr. No. | Course Code | Course Title | Cr. Hr. | Section | Name of Faculty member |
|---------|-------------|--------------|---------|---------|------------------------|
|         |             |              |         |         |                        |
|         |             |              |         |         |                        |
|         |             |              |         |         |                        |
|         |             |              |         |         |                        |

Processing Fee Voucher No.: \_\_\_\_\_ (Attach copy)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For Office Use

Chairperson Office:

| Course No. | (Allowed / Not allowed) |
|------------|-------------------------|
|            |                         |
|            |                         |
|            |                         |
|            |                         |

Name / Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Office:

Approved

Yes  No

Name / Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Controller of Examinations Office:

Name / Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement Receipt

Result Review Form

Student Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Semester: Fall / Spring / Summer

Recipient Name / Designation: \_\_\_\_\_ Recipient Signature: \_\_\_\_\_