



QARSHI UNIVERSITY
URGENT DEGREE ISSUANCE FORM

Annexure – 13

Name: _____

Registration No. _____ Department: _____ Program: _____

E-mail: _____ Contact No.: _____

Processing Fee Voucher No.: _____ (Attach a copy)

Date: _____ Signature: _____

Attach copy of CNIC and Final Transcript

For Office Use

Office of Registrar:

Approved

Yes

No

Name / Designation: _____ Signature: _____ Date: _____

Controller Office:

Name / Designation: _____ Signature: _____ Date: _____

Acknowledgement Receipt

Urgent Degree Issuance Form

Student Name: _____

Registration No. _____

Recipient Name / Designation: _____ Recipient Signature: _____