



C.U.S.T.

Capital University of Science & Technology  
Islamabad

**COMPREHENSIVE EXAM REGISTRATION FORM**

Semester: Spring/Fall 20 \_\_\_\_\_

Student's Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Credits Earned: \_\_\_\_\_ CGPA \_\_\_\_\_

Contact No. \_\_\_\_\_

Research Area: \_\_\_\_\_

**INSTRUCTION:**

1. There are only two chance to pass the examination.
2. Incase a students misses the examination after getting himself registered, he loses a chance. However, a student can withdraw from the examination by applying in writing prior to the date to examination.

Code	Name	Signatures
COMP-6000	Comprehensive Examination	

**Action by Graduate Studies Office:**

Registered in UMS:

Yes

No

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

Signatures \_\_\_\_\_

**STATUS:**

Exam held on: -----

Appeared:

Yes

No

Percentage: -----

Result notified in BASR Meeting No. .... held on -----