



LAHORE COLLEGE FOR WOMEN UNIVERSITY, LAHORE

Jail Road Lahore - Pakistan. Tele: 99203801 – 09 Ext. 207, 208, 209, 99203810

OFFICE OF CONTROLLER OF EXAMINATIONS

Ref. No COE/LCWU/_____

Dated: _____

REQUEST FORM

Main Campus Affiliated College Name: _____

Name: _____ University Roll No: _____

Father's Name: _____ Reg. No: _____

Department: _____ Class: _____

Contact No: _____ Email: _____

Session: _____ Semester / Prof: _____

Home Address: _____

Bank Challan No: _____ Date: _____ Amount Paid: _____

(Tick appropriate where applicable)

- | | |
|---|--|
| <input type="checkbox"/> 1. Semester Freeze | <input type="checkbox"/> 9. Viva Request |
| <input type="checkbox"/> 2. Semester Unfreeze | <input type="checkbox"/> 10. Rectification of Error |
| <input type="checkbox"/> 3. Improvement the CGPA | <input type="checkbox"/> 11. Re-Admission |
| <input type="checkbox"/> 4. Progress Report | <input type="checkbox"/> 12. Re-Enrolment |
| <input type="checkbox"/> 5. Academic Transcript | <input type="checkbox"/> 13. Hope Certificate |
| <input type="checkbox"/> 6. Duplicate Transcript Academic | <input type="checkbox"/> 14. Bonafide Certificate |
| <input type="checkbox"/> 7. RL Status Clarification | <input type="checkbox"/> 15. English Proficiency Certificate |
| <input type="checkbox"/> 8. Extension of Thesis | <input type="checkbox"/> 16. Degree Completion Certificate |
| | <input type="checkbox"/> 17. Any Other |

Date of Submission: _____

Detail: _____

Signature & Stamp of Chairperson of Department

Signature of Student

For Office Use

Marked to: _____

Remarks:

Signature _____