

Karachi Institute of Economics and Technology
Registration & Examination Department
MARKS CORRECTION FORM

TO BE FILLED BY THE STUDENT:-

NAME: _____	CLASS ID: _____
REGISTRATION NO: _____	SUBJECT: _____
PROGRAM: _____	INSTRUCTOR: _____
STUDENT'S PETITION:	

Date: _____	Student Signature _____

To be actioned by Academic Officer / Program Manager

TO BE FILLED BY THE FACULTY

No	DESCRIPTION	MARKS BEFORE SCRUTINY	MARKS AFTER SCRUTINY	FACULTY INITIALS
1	QUIZ TOTAL			
2	MIDTERM TOTAL			
3	ASSIGNMENT TOTAL			
4	CLASS PARTICIPATION			
5	PRESENTATION			
6	PROJECT			
7	WEEKLY LAB WORK			
8	FINAL EXAM			
	TOTAL MARKS			
	GRADE			

Faculty Remarks:

Signature: _____

Date: _____

Dir Academics /Dep Director / HoD Remarks:

Signature: _____

Date: _____

APPROVAL OF DEAN

Approved Not Approved

Dean

ACTION BY R&E

Approved Not Approved

Registrar