



COMSATS University Islamabad

Sahiwal Campus

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DOC # CUI-SWL/IT/FORM/03 REV 01

Dated: ___/___/___

Login Request Form

Full Name: _____

Designation: _____

Department: _____

Desired E-mail ID: _____@cuisahiwal.edu.pk

Signature: _____ Recommended By: _____
(HOD/In-charge)

For IT Office Use Only

Group Membership: ALL: ___

All Faculty: ___

PhD Faculty: ___

Departmental Faculty: ___

Signature: _____