



# Institute of Business Management

## Completion Form for Graduation

**Program:** \_\_\_\_\_

Full ID #: \_\_\_\_\_ Duration of Completion: \_\_\_\_\_  
(SEMESTERS / YEARS)

Name of Student: \_\_\_\_\_  
(PLEASE FILL IN BLOCK LETTERS AS ENTERED IN PREVIOUS OFFICIAL DOCUMENTS)

Contact Number (Res) \_\_\_\_\_ Mobile: \_\_\_\_\_ Off: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Graduating Semester: \_\_\_\_\_  
(SEMESTER / YEAR)

Major: \_\_\_\_\_ Last Qualification: \_\_\_\_\_

### **Elective Courses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Proposed Comprehensive Exam (if applicable): March \_\_\_\_\_ / September \_\_\_\_\_  
(Yes / No) (Yes / No)

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

**NOTE: Please fill this form carefully and e-mail to [examinations@iobm.edu.pk](mailto:examinations@iobm.edu.pk)**

**Copy to:**  
Student's file