



COMSATS University Islamabad

Sahiwal Campus

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STUDENTS LIBRARY FEEDBACK FORM

DOC # CUI/SWL/LIB/FFS/007

Ref: -----

Name: ----- Class/ Semester: -----

Registration #: ----- Library Membership ID: -----

Comments about Library Holdings: -----

Comments about Library Services: -----

What role you can play if asked your participation: -----

Your Suggestions: -----

STUDENT'S SIGNATURE

Dated: -----