QARSHI UNIVERSITY Annexure – 8

INTER Department PROGRAM CHANGE FORM

First Name:_____ Middle Name:_____ Last Name:_____

Registration No._____ Department:_____ Program:_____

CGPA:_____ Total Credit Hours Completed Successfully:_____

E-mail:_____ Contact No.:_____

Semester: Fall / Spring / Summer | | | | |

Proposed Program:_____ Proposed Department:_____

Reason For Change:_____

_____

_____

Date:_____ Signature:_____

To be Filled by parent / guardian

I am aware that Mr. / Ms. _____ is applying to change his / her program. I do not object to the application or the reason provided therein. Qarshi University shall not be liable for decision taken in reply to this application.

Name: _____ Signature:_____

Contact No.:_____ Date:_____

Proposed Program Dean Office

Allowed ☐ Not allowed ☐

Date:_____

Signature:_____

Registrar Office

Old Registration no._____

New Registration no._____

Date:_____

Acknowledgement Receipt
Inter School Program Change Form

Student Name:_____ Registration No._____

Semester: Fall / Spring / Summer | | | | |

Recipient Name / Designation:_____ Recipient Signature:_____