

University of Management and Technology Course Code Change Form

Participant I.D.:@umt.e					du	ı.pk	Date:			
Pa	rticipant	t Name:								
Program:					_	Cell No.:				
Pa	Particular of Course(s) code needed to change:									
	C. Code (Old)	Course Title (Old)	Cr. Hrs.	Semester		C. Code (New)	Course Title (New)	Cr. Hrs.	Semester	
Δр	plicant S	Signature:					_			
Batch Advisor (Name and Signature)						Chairperson / Director / Dean				
		OCE OCE			_		Office of Registrar		_	
OCE										