



University of Management and Technology

Inter School Program Change Form

Tracking ID _____

I.D. No.:

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 Date: _____

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Program (present): _____ Semester: Spring /Summer /Fall

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Total Credit Hours completed: _____ CGPA: _____

Email: _____ Contact No.: _____

Program (proposed): _____ School: _____

State the Reason:

(For Office use only)

Academic Department

Eligibility Criteria

1. CGPA against Current ID

2. Admission Criteria in Terms of Percentage/CGPA and Subject

Recommended by COD : _____

Approved by Dean/Director :

Office of the Registrar

New ID:

Signature:

Office of Participant Relationship Management (OPRM)

Documents Attached

Program change paid Fee Slip attached

Original SID card received

Signature:

Clearance Requirements by the Participant

Name of Department	Authorized Signature	Stamp
Library		
IPC Lab		
Participant Accounts Office		

Participant Signature: _____