University of Management and Technology
Course Adjustment Form

Participant I.D.: _____ @umt.edu.pk   **Date:** _____

Participant Name: _____   **Program:** _____

Particular of Course(s) registration needed to change:

C. Code	Course Title	Cr. Hrs.	Current Semester	Move to Semester

Reason: _____

_____

_____

_____   _____
Batch Advisor / CoD   **Office of Registrar**
                                                          (for implementation**)**