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| UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGYSIALKOT CAMPUS** |  |

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**Inter School Program Change Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID No: |  |  |  |  |  |  |  |  |  |  |  |  | Date: | D | D | M | M | Y | Y | Y | Y |
|  |
| Last Name/Surname: |  | First Name: |  | Middle Name: |  |
|  |
| Program (current): |  | Semester: | Spring 🞏 / Summer 🞏 / Fall 🞏 |  |  |  |  |
|  |
| Total Credit Hours completed: |  | CGPA: |  |
|  |  |  |  |
| Email: |  | Contact No: |  |
|  |  |  |  |
| Program (proposed): |  | School: |  |
|  |
| **State the Reason:** |  |
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**Please attach Clearance Form**

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| --- | --- | --- | --- |
| Student’s Signatures: |  | Area Coordinator/Advisor Signature: Signature: |  |

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 *(For Office Use Only)*

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| **COD/Area Coordinator** (Proposed Program) | **Office of the Registrar** |
| Approved: | 🞏Yes | 🞏No |  | Old ID: |  |
| New ID: |  |
| Signature: |  |  | Signature: |  |
| Date: |  |  | Date: |  |

Guidelines regarding Inter School Program Change:

* Program Change Fee is Rs. 15000/-. Participant will attach the payment slip with this form.
* Concerned COD/Area Coordinator shall ensure that such participant fulfill the admission criteria of the particular program which he/she wish to join.
* After approval of concerned COD/ Area Coordinator for inter-school program change, new ID shall be issued.
* Clearance forms signed by OTR/IPC/LRC is required, and copies of all academic credentials be attached.
* The grades of courses transferred to the new program provided 60% marks in annual system or C+ and above for Undergraduate programs and B and above in case of Master/Graduate programs.
* The COD / Area Coordinator of the school accepting the transfer of the program will determine the transfer of courses as per Road Map.

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 **UNIVERSITY OF MANAGEMENT AND TECHNOLOGY** - **SIALKOT CAMPUS**
**Acknowledgement Receipt: Inter School Program Change Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Semester: Spring 🞏 / Summer 🞏 / Fall 🞏 |  |  |  |  |  |  |  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Name of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Signature of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3