



Your Personal Details

Full Name	<input type="text"/>		
Roll Number	<input type="text"/>	National ID	<input type="text"/>
Contact Number	<input type="text"/>	Email ID	<input type="text"/>

Existing Course Details

Course Name	<input type="text"/>	Batch Number	<input type="text"/>
Course Start Date	<input type="text"/>	Campus	<input type="text"/>
Teaching Mode	Face to Face <input type="checkbox"/>	Blended <input type="checkbox"/>	Virtual <input type="checkbox"/>

Proposed Change Details

Course Name	<input type="text"/>		
Faculty	<input type="text"/>	Campus	<input type="text"/>
Teaching Mode	Face to Face <input type="checkbox"/>	Blended <input type="checkbox"/>	Virtual <input type="checkbox"/>

Reason for Change

State clearly why you wish to change

Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date	<input type="text"/>	Signature	<input type="text"/>
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Recommendation of the Campus and Faculty

We recommend the student to be transferred to the requested campus / course / teaching mode

Dean / Cordinator / Manager	<input type="text"/>		
Campus	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Stamp	<input type="text"/>		

Note: Please attach attested copies of Academic Records of your prevoius studies to support your application.

Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date	<input type="text"/>	Signature	<input type="text"/>
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* Processing Fees of MVR 500 for each.

To be filled by the Reception / Finance

Payment Received by	<input type="text"/>		<input type="text"/>
Date	<input type="text"/>	Signature	
			Stamp

OFFICE USE ONLY

Form complete: Yes / No	Date:	Form Received by:	Date Faculty notified:
Registrar Approval :		Student Notified on :	Letter reference: