

CHANGE OF CAMPUS FORM

STUDENT NAME: _____ REGISTRATION NO: _____ PROGRAM: _____

TRANSFER FROM: _____ To _____

Student Signature

Date:

Approved:

Not Approved:

1-Director College

2-Director Admissions

3-Manager Registration

Accounts Office:
Outstanding Balance Rs:

Name: _____

Signature: _____

Date: _____

Accounts Office:
No Balance is Outstanding

Name: _____

Signature: _____

Date: _____

Registration Office:

Name: _____

Signature: _____

Date: _____