

CHANGE OF SCHOOL/DEPARTMENT/DEGREE FORM

PERSONAL INFORMATION

STUDENT'S NAME: MALE ☐ FEMALE ☐

STUDENTS REGISTRATION NO.: FATHER'S NAME:

PHONE NO.: MOBILE NO.:

SEMESTER NUMBER (✓ ONE BOX):

1	2	3	4	5	6	7	8	9	10		
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CURRENT SEMESTER (FALL/SPRING & YEAR)

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Current / Present School

School:	
Department:	
Degree:	
Semester:	

Intends to switch over to

School:	
Department:	
Degree:	
Semester:	

I want ☐ do not want ☐ to carry forward my previous credits and grades. (Select one option)

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Approving Authority (Dean / Head of Department)

REMARKS IF ANY

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DEAN'S /
HEAD'S
SIGNATURE

DATE: _____

Accepting Authority (Dean / Head of Department)

REMARKS IF ANY

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DEAN'S /
HEAD'S
SIGNATURE

DATE: _____

FINANCE DEPARTMENT:

Student has paid Transfer fee Rs. _____

RECEIVED BY NAME & SIGNATURE: _____ Date: _____

OFFICIAL STAMP (REQUIRED):

REMARKS IF ANY:

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REGISTRAR REMARKS IF ANY:

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ROUTING

FILE

REGISTRAR'S SIGNATURE: _____

DATE: _____



Beaconhouse National University

Registrar Office

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