



Capital University of Science & Technology

Islamabad Expressway, Zone V
Kahuta Road, Islamabad

Program Transfer Form

Reg. No.: _____ Name: _____

Semester: _____ Semester No: _____

GPA: _____ CGPA: _____

Change Program:

From: _____ to: _____

I understand that the courses accepted under new program shall appear on the transcript without grades.

_____ Dated

_____ Student's Signature

For Office Use only

Clearance:

_____ Lab

_____ Library

_____ Accounts Office

Remarks (HOD of current Department):

_____ Dated

_____ Dean/HOD

Remarks (HOD of new Department):

_____ Dated

_____ Dean/HOD

Approval:

_____ Dated

_____ Vice Chancellor

- Complete the Form in all aspects and submit to the Controller of Examinations one week before the start of semester.
- Get a Challan from Accounts Office by submitting a copy of approved form.
- Deposit Program Transfer fee Rs. 1000/ in Bank.