

SZABIST INTER CAMPUS PROGRAM CONTINUATION FORM

(For Student Use)



Name: _____ Registration No: _____
Degree Completed: _____ Degree Completion Year/Semester: _____ Specialization: _____
Campus (Previous): _____ Campus you wish to transfer to (Karachi, Islamabad, Larkana, Dubai)
Number of courses completed: _____ No. of credits completed: _____
Comprehensive Exam Passed (if applicable): Yes Semester / Year : _____ No
Degree you wish to pursue: _____ Specialization: _____
Joining Semester (Fall / Spring / Summer): _____
I will pay a inter campus continuation fee of Rs. 20,000/- and security deposit of Rs. 5,000/- for inter campus consideration which will be refunded if I am not transferred.

Student's Signature & Date

Finance Clearance from Original Campus

Student has cleared all dues for the Previous Degree: Yes No

Remarks: _____

Date

Finance Office (Sign)

For Official Use (at Transferring Campus)

Admission Office

Has the Candidate submitted the required documents? Yes No

Have you verified that Candidate is eligible? Yes No

Remarks: _____

Admission Officer
(Sign & Date)

Finance Officer
(Sign & Date)

Program Manager
(Sign & Date)

Head of Dept.
(Sign & Date)

Vice President Academics
(Sign & Date)

Records Office

New Registration Number: _____

Date

Record Office

Updated Academic Record:

Degree	Major Subjects of Study	Year	University	CGPA
Master Degree (specify) _____		From: _____ to _____ ----- Duration of Degree _____		
Bachelor Degree (specify) _____		From: _____ to _____ ----- Duration of Degree _____		

Academic Distinctions / Honors / Awards / Prizes: _____

Recent Publications (use additional page if necessary): _____

Recent Presentations / Guest Lectures (use additional page if necessary): _____

Employment Record:

Total Years of full Time working Experience: _____

Name of Organization: _____

Cell / Telephone #: _____ Fax: _____ Email: _____

Current Title: _____ Employed Since: _____

Immediate Supervisor (Name): _____ Title: _____

Previous Employer/ Organization: _____

Position Held (Exact Title): _____

From: _____ To: _____

Personal Record:

Spouse Name: _____

Residence Address: _____

Residence Phone: _____ Mobile: _____

Personal emails: _____

Signature: _____ Date: _____