

## CHAROTAR UNIVERSITY OF SCIENCE & TECHNOLOGY

### Application for Transfer of Academic Year

To,  
Exam Section.

Date:- \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

#### Student Information.

Student ID :- \_\_\_\_\_ Contact No. :- \_\_\_\_\_

Student Full Name :- \_\_\_\_\_

1. Last semester :- \_\_\_\_\_ 2. Last Academic year :- \_\_\_\_\_

3. Latest CGPA :- \_\_\_\_\_

5. UFM Semester (If any) :- \_\_\_\_\_

Student Signature :- \_\_\_\_\_

Date :- \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

Sem. 1	Sem. 2	Sem. 3	Sem. 4
Sem. 5	Sem. 6	Sem. 7	Sem. 8

4. No. of Backlog. (Semester wise)

Department Recommendation (To be filled by department)
<p>I hereby recommend above mentioned student to transfer into _____ Academic Year &amp; _____ semester.</p> <p>Sign. Principal/ HOD</p> <p>Date :- ____/____/ 20____</p>

Office Use only
<p>1. Checked by :- _____</p> <p>Name :- _____</p> <p>Date :- ____/____/ 20____</p>
<p>2. Transferred by :- _____</p> <p>Name :- _____</p> <p>Date :- ____/____/ 20____</p>

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