



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____

4. No. of Backlog.
(Semester wise)

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

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

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



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