



Form No. 01

# Shanto-Mariam University of Creative Technology

House#01, Road#14, Sector#13, Uttara, Dhaka-1230.

Contact: 88-02-48962714, 48964596, Hotline: 01969904000

## APPLICATION FOR DEPARTMENT CHANGE

The application form should be written in block / capital letters:

### PRESENT INFORMATION

Name in Full	<input type="text"/>										
Programme	<input type="text"/>										
ID. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Campus	<input type="text"/>
Phone No.	<input type="text"/>				e-mail		<input type="text"/>				

### ACADEMIC INFORMATION

S.S.C. CGPA	<input type="text"/>	H.S.C. CGPA	<input type="text"/>
Last Semester GPA	<input type="text"/>	Any Retake	<input type="text"/>

### PROPOSED DEPARTMENT

Department	<input type="text"/>									
Semester	<input type="text"/>				Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>		
<input type="text"/>					<input type="text"/>					
Signature of the Head, Present Department					Signature of the Head, Proposed Department					

Signature of the Applicant  
Date:Account's Clearance  
Date:Guardian's Signature  
Date:

### OFFICE USE ONLY

Approved Department	<input type="text"/>										
ID. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Semester	<input type="text"/>
Campus	<input type="text"/>				Group	<input type="text"/>	Shift	<input type="text"/>			

### APPROVED BY

Signature of the Registrar  
Date:Concerned Officer  
Date: