



PROFORMA FOR MIGRATION / TRANSFER OF CREDITS

FACULTY: _____ **DEPARTMENT:** _____

1. Name of Applicant: _____
2. Father's Name: _____
3. CNIC: _____ Email _____
4. Address: _____

5. **Academics Details*:**

Examination	Board / University	Year of Passing	CGPA/ Percentage
Matric			
FA/F.Sc			
BA/B.Sc. (14 years)			
MA/M.Sc. (16 years)			
MS / M. Phil (18 years)			
Ph. D			

*** Attach attested degrees/certificates and official transcripts of all the programs.**

6. Current Program: _____
 - a. Name of University with City / Campus: _____
 - b. Title of Program: _____
 - c. Registration Number: _____
 - d. Date of Enrolment in the Current Program: _____
(Also indicate session i.e. Spring / Fall)
 - e. Current Semester: _____
(Attach transcripts for all completed semesters)
 - f. Reasons for Migration: _____

Applicant's Signature