

 <p><b>AJEENKYA</b> D.Y. PATIL UNIVERSITY THE INNOVATION UNIVERSITY</p>	Controller of Examinations Office	Doc No: ADYPU/COE/F-022
		Issue Date: 1 <sup>st</sup> Sept 2021
	Program/Specialization Change Form	Revision No: 0
		Revision Date: NA

## Program/Specialization Change Form

*(To be filled by the students who are seeking change in their program/specialization)*

Name of the Student	
URN	
Name of Existing School	
Name of Seeking Change to School	
Existing Program/Specialization	
Last Semester Completed (I,II,III....)	
Backlog Courses (if any) with Course Codes	
Total Credits earned / Total Credits	
Current CGPA	
Seeking Change to Program/Specialization	
Reason for Change	

*(Please attach copies of all the previous transcripts along with this form)*

Signature of the Student

Date:

*(To be filled by the transferring Head of School)*

Transfer Approved / Rejected

Signature of HOS

*(To be filled by the Head of School accepting the transferred student)*

Transfer Accepted / Rejected

Signature of HOS

*(To be filled by the COE Office)*

The approved transfer of the student has been given effect in the ERP on date: \_\_\_\_\_

For COE Office,

Signature:

Date: