



UNIVERSITY OF CENTRAL PUNJAB

Interfaculty Transfer Form

Date: _____

Name: _____ Reg #: _____ Batch No. _____

From Faculty: _____ To Faculty: _____

Reason: _____

Student's Signature: _____

Date: _____

For Office Use Only:

Faculty Approval: Allowed
Not Allowed

Dean:

Comments (If Any):

Signature & Stamp:

Date:

Faculty Approval: Allowed
Not Allowed

Dean:

Comments (If Any):

Signature & Stamp:

Date:

Registrar: