

Instructions

- ✓ Fill up this form and complete the formalities.
- ✓ Please check all of your information carefully before submitting the form to the ARRU.
- ✓ Program migration only applicable for inter program migration (Only departmental inter program change).
- ✓ All due must be cleared.

Part 1 Student Information

Name: _____

Student ID: _____ Batch: _____

Existing Program: _____ New Program: _____

Reason for Program Migration: _____

Cell Number:

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Signature of the Student

Date:

Day	

Month	

Year			

Part 2 For Office use only

Comments of the Head of the Department

- ☐ Allowed
☐ Not Allowed

Signature with Date & Seal

Clearance from the Office of Finance and Accounts

Clearance from ARRU (Office of the Registrar)

- ☐ Approved
☐ Not Approved

New ID:

New Program:

New Batch:

Concerned Officer
Signature with Date & Seal

Concerned Officer
Signature with Date & Seal