Riphah International University, Islamabad

(Lahore Campus)

Campus Change Request

**APPLICANT’s INFORMATION:** Date: / /20

Student Name (In Block Letters) as mentioned on Matric Certificate

SAP ID\* CMS ID\* Current Semester:

Current Program\* SGPA/CGPA

Institute Name: Campus:

**New Campus Name**:

Current Program\* Institute Name:

**Reason:**

Email ID\*: Contact No\*:

Applicant Signature:

**Official Use Application #:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Fee Clearance / Remarks from Fee Section:

Signature:

Program Coordination Office Remarks:

Signature:

Dean/HOD Recommendation:

Signature:

CAO Approval:

Signature: