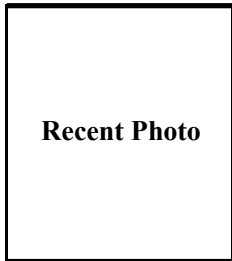




Islamabad Campus

# PROGRAM CONTINUATION FORM

(For Student Use)



Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Degree Completed \_\_\_\_\_ Specialization: \_\_\_\_\_

Degree Completion Year / Semester: \_\_\_\_\_

Number of courses / Credit hours completed: \_\_\_\_\_

Comprehensive Exam Passed (if applicable)  Yes Semester / Years: (Fall / Spring / Summer, 2)  
 No

Degree you wish to pursue: \_\_\_\_\_ Joining Semester/ Year: (Fall / Spring / Summer, 2)

Specialization \_\_\_\_\_

\* Attach copy of last two / three Degrees and Transcripts

\* Submit this form at the Admission Office

\_\_\_\_\_  
Student's Signature and Date

### For Official Use

#### Admission Office

- 1. Information provided by the student is correct  Yes  No
- 2. Student has submitted required documents  Yes  No

\_\_\_\_\_  
Admission Office

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Signature and Date

#### Finance

Student has cleared all dues for the previous degree  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Finance Office (Sign and Date)

#### Academics

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Program Manager (Sign and Date)

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Head of Campus (Sign and Date)

#### Records

New Registration Number: \_\_\_\_\_

Records updated at Zabdedsk

\_\_\_\_\_  
Controller Records  
(Sign and Date)

(For Student Use)

**Updated Academic Records**

Degree	Major Subjects of Study	Year		University	CGPA
		Form	To		
Master Degree (Specify) _____					
		Duration of Degree: _____			
Bachelor Degree (Specify) _____					
		Duration of Degree: _____			

Academic Distinctions / Honors / Awards / Prizes: \_\_\_\_\_  
\_\_\_\_\_

Recent Publications (use additional page if necessary): \_\_\_\_\_  
\_\_\_\_\_

Recent Presentations / Guest Lectures (use additional page if necessary): \_\_\_\_\_  
\_\_\_\_\_

**Employment Record:**

Total years of full time working experience: \_\_\_\_\_

Name of Current Organization: \_\_\_\_\_

Cell / Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Title: \_\_\_\_\_ Employed since: \_\_\_\_\_

Immediate Supervisor (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Previous Employer / Organization: \_\_\_\_\_

Position Held (Exact Title): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Personal Record:**

Spouse Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Residence Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_