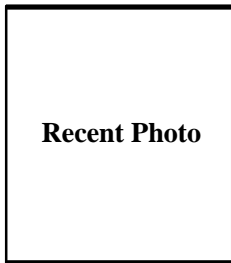




Islamabad Campus

PROGRAM CONTINUATION FORM

(For Student Use)



Name: _____ Registration No: _____
 Degree Completed _____ Specialization: _____
 Degree Completion Year: _____ Semester: _____
 Number of courses / Credit hours completed: _____ CGPA: _____

Degree you wish to pursue: _____ Joining Semester/ Year: (Fall / Spring, 20____)

Specialization _____

(Note: Minimum 2.5 CGPA is required for admission under continuation policy. The student having less than 2.5 CGPA is required to apply online as a fresh candidate.)

* Please attach copy of CNIC, all educational documents & 2 passport size photographs.

* Submit this form along with complete documents 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
- 3. CGPA in last degree

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:** _____