



National University  
of Computer and Emerging Sciences  
**Inter-Department Transfer Request Form**



Name:		Emp ID:	
Designation:		Effective from:	(Fall/Spring)
Present Department:		Desired Dept.	

**Course taught in two previous semesters (Recent Semester first)**

Semester	Code	Course Title	CH	Section
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Courses to teach in the new department**

Semester	Code	Course Title	CH	Section
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Applicant's Signature \_\_\_\_\_

**Campus Recommendations**

	Signature	Date
<b>HOD (current department)</b> Name: _____ Remarks: _____		
<b>HOD (new department)</b> Name: _____ Remarks: _____		
<b>Director</b> Name: _____ Remarks: _____		

**Head Office**

<b>Registrar</b>	Remarks: _____		
	<input type="checkbox"/> <input type="checkbox"/>		
<b>Rector</b>	Approved                      Not Approved                      Signature: _____                      Date: _____		
Remarks: _____			