

## UNIVERSITY OF CENTRAL PUNJAB

## Interfaculty Transfer Form

		Date:	
Name:	Re	eg #:	Batch No
From Faculty:			
Reason:			
			ž.
Student's Signature:		Date:	
For Office Use Only			
Faculty Approval:	Allowed □	Faculty Approval:	Allowed □
	Not Allowed □	J - 1-1-1-1	Not Allowed □
Dean:		Dean:	1.001mowod
Comments (If Any):		Comments (If Any):	
		(=====5).	
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Signature & Stamp:		Signature & Stamp:	
		Statute & Stairp.	
	Date:		Date:
Registrar:			<b>Date</b> .