

**SZABIST** INTER CAMPUS PROGRAM CONTINUATION FORM  
(For Student Use)



Name: \_\_\_\_\_ Registration No: \_\_\_\_\_  
Degree Completed: \_\_\_\_\_ Degree Completion Year/Semester: \_\_\_\_\_ Specialization: \_\_\_\_\_  
Campus (Previous): \_\_\_\_\_ Campus you wish to transfer to \_\_\_\_\_  
Number of courses completed: \_\_\_\_\_ No. of credits completed: \_\_\_\_\_  
Final Semester completion date: \_\_\_\_\_  
Degree you wish to pursue: \_\_\_\_\_ Specialization: \_\_\_\_\_  
Joining Semester (Fall / Spring): \_\_\_\_\_  
I will pay inter campus continuation fee of Rs.25,000/-(non-refundable) and security deposit of Rs.15,000/-(refundable).  
\_\_\_\_\_  
Student's Signature & Date

**Finance Clearance from Original Campus**

Student has cleared all dues for the Previous Degree:  Yes  No

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

\_\_\_\_\_  
Date  
**For Official Use (at Transferring Campus)**

\_\_\_\_\_  
**Finance Office (Sign)**

**Admission Office**

Has the Candidate submitted the required documents?  Yes  No

Have you verified that Candidate is eligible?  Yes  No

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

\_\_\_\_\_  
**Admission Officer**  
(Sign & Date)

\_\_\_\_\_  
**Finance Officer**  
(Sign & Date)

\_\_\_\_\_  
**Program Manager**  
(Sign & Date)

\_\_\_\_\_  
**Head of Dept.**  
(Sign & Date)

\_\_\_\_\_  
**Vice President Academics**  
(Sign & Date)

**ZabSolutions Office**

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

\_\_\_\_\_  
ZabSolutions Dept. (Sign & Date)

**Updated Academic Record:**

Degree	Major Subjects of Study	Year	University	CGPA
Master Degree (specify) _____		From: _____ to _____ ----- Duration of Degree _____		
Bachelor Degree (specify) _____		From: _____ to _____ ----- 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 Organization: \_\_\_\_\_

Cell / Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Title: \_\_\_\_\_ Employed Since: \_\_\_\_\_

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

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

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

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

**Personal Record:**

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

Residence Address: \_\_\_\_\_

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

Personal emails: \_\_\_\_\_

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