



SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

APPLICATION FOR CHANGE OF STUDY STATUS

SEMESTER: _____ SESSION: _____

APPLICANT'S GENERAL INFORMATION

1. Name:	2. Registration No:
3. Mailing Address:	4. Telephone: Home: Office: Mobile:
5. Department:	6. Email:
7. Programme:	
8. New Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	9. Current Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
10. Reasons for Change of Status: (Please use additional paper if necessary)	
11. Applicant's Signature:	Date:

APPROVAL BY COORDINATOR MS/MHD (MGT)

- Approved
 Rejected

Signature and Stamp: _____ Date: _____

APPROVAL BY DEAN/VICE CHANCELLOR

- Approved
 Rejected

Signature and Stamp: _____ Date: _____