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DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

Application No: SNU/CP/...../.....
For Office Use only

APPLICATION FORM FOR CHANGE OF PROGRAM

Name of the Applicant:	
Student ID:	Registration Number:
Department:	Current Program:
Year of Admission:	ABC ID:
Current Semester/Year :	Desired Program:
Contact No:	E-mail ID:
Reason for Change of Program Request:	
Payment Details : If Paid via [DD; NEFT; UPI] <i>(Attach Transaction Details along with application)</i>	Provide Details of Transaction :

DECLARATION: I solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

For Office Use Only
-Approvals-

(Signature with Date)

(Signature with Date)

Name:.....
[Head of Department-Current Program]

Name:.....
[Head of Department-Desired Program]

(Signature with Date)

(Signature with Date)

Name:.....
[Office of COE]

Name:.....
[Office of CFO]

(Signature with Date)

Name:.....
[Office of Registrar]

Application No: SNU/CP/...../.....**Receipt copy (to be filled by the Officials)****APPLICATION FORM FOR CHANGE OF PROGRAM**

Name of the Applicant:	
Student ID:	Registration Number:
Program:	

Received by (Name)

Signature with Date

Reporting Date & Time