



TIMES INSTITUTE

MULTAN, PAKISTAN

A Degree Awarding Institute Established under Govt. of the Punjab Act XXV-2020

REQUEST FOR CHANGE OF PROGRAM

Student Name: _____

Father's Name: _____

CNIC No.: _____

Reg. No.: _____

CURRENT PROGRAM	PROGRAM APPLIED FOR
Department: _____	Department: _____
Program: _____	Program: _____
Session: _____	Session: _____

Fee Applicable: Yes No

If Yes:

Amount: _____ Receipt No: _____ Payment Date: _____

Attach following documents:

- 1. Copy of paid dues receipt.
- 2. Original Change in program paid receipt (if applicable).

Student Signature: _____

Date: _____

Convener Admission Committee: _____

Date: _____

DECISION

Program Change Approved Yes No

CMS Posting Status

Executive Director