## **EASTERN UNIVERSITY**

House 26, Road 5, Dhanmondi, Dhaka -1205

## PROGRAM TRANSFER APPLICATION FORM | EUF-15

Name of student:		
ID:	(	Contact no:
Program presently enrolled in:	<u> </u>	Semester: Spring/Summer/Fall 20
Semesters completed:		Credits completed:
Program interested to transfer into:	<u>'</u>	
Reason for transfer:		
Date:		Signature of student
Comments of Chairperson/Advisor/Dean	of existing	Comments of Chairperson/Advisor/Dean of
program/faculty:		program/faculty student is interested to transfer:
Date:	Signature	e Date: Signature
	ident has to pay Tk. 2	2,000/- (Two thousand only) to the bank and produce evidence of payment to Accounts
Comments of Deputy Registrar:	Action by Adi	Imission Office:
	☐ Issued nev	w ID :
		payment of Tk. 2,000/- made in the bank
	MR. No.:	Bank:Date:
_		
Signature of Deputy Registrar Action by Accounts Office:	Date:	Signature of Director, Admission Action by Registrar's Office:
Thether by Accounts of the Ci		rection by neglected 5 office.
Date:	Signature	e Date: Signature