



East Delta University
Inter Department Transfer Form
(Attach copies of grade sheets of all semesters completed and submit a list of courses you want to transfer in the reverse side of this form.)

Name of the Student: _____ Present ID _____

Present Dept: _____ Present Program: _____

Proposed Dept: _____ Proposed Program: _____

Reason for seeking transfer: _____

CGPA: _____ on completion of _____ credits.

Signature of the student _____ Date _____

Previous Record of Inter Department Transfer if any: Yes No , if Yes then,

Old Department/Program _____ Old ID _____

Minimum Requirements for Following Courses/ Programs to Transfer:

Programs	Required subjects in HSC/A LEVEL Results
CSE/EEE/ETE	Mathematics, Chemistry, Physics

- Mathematics
- Physics
- Chemistry

(For Office Use)

Acceptable / Not acceptable

Approved / Not Approved

Chairperson, Accepting Dept.

Chairperson, Releasing Dept.

Date: _____

Date: _____

(Seal of the Dept.)

(Seal of the Dept.)

