

Martin Luther Christian University, Meghalaya

APPLICATION FOR CHANGE OF COURSE

1. Name of Applicant	2. Batch	3. Registration No/Ref
4. Present Course	5. Change to Course	
6. Address & contact no:		
7. Reason for changing Course:		
8. Date	9. Signature of the applicant	10. Signature of the guardian

Section B (To be filled in by the Officers/Registrar's Office)

Officer	Remarks /Recommendation	Signature
Present HoD		
Receiving HoD		
Accounts Executive		
Dean Academics/Academics Officer		
Controller of Evaluation and Examination		
Admission Officer	The applicant is allowed / not allowed to change Course with effect from: The Regn no remains the same/changes to _____	

Date	Signature of the Registrar
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