

## PROGRAM CONTINUATION FORM (For Student Use)

Recent Photo

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Degree Completed: \_\_\_\_\_ Degree Completion Year/Semester: \_\_\_\_\_

Specialization: \_\_\_\_\_ Number of courses completed: \_\_\_\_\_ No. of credits completed: \_\_\_\_\_

Comprehensive Exam Passed (if applicable):  Yes Semester/ Year: \_\_\_\_\_  No

Degree you wish to pursue: \_\_\_\_\_ Specialization: \_\_\_\_\_

Joining Semester (Fall / Spring / Summer): \_\_\_\_\_

- ♣ Attach copy of last two/three Degrees & Transcript.
- ♣ Submit this form at the Admissions Office.

\_\_\_\_\_  
Student's Signature & Date

### For Official Use

#### Admissions Office

1. Information provided by the student is correct: Yes  No
2. Student has submitted required documents: Yes  No
3. Student has paid Security Deposit for New Program: Yes  No

\_\_\_\_\_  
Admission Officer (Sign & Date)

#### Finance

Student has cleared all dues for the Previous Degree:  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Finance Officer (Sign & Date)

#### Academics

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Program Manager (Sign & Date)

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Head of Campus (Sign & Date)

**Submit this form at the Admissions Office.**

#### Records

New Registration Number: \_\_\_\_\_

\_\_\_\_\_  
Records Officer (Sign & Date)

**Updated Academic Record:**

Degree	Major Subject of Study	Year	University	CGPA
Master Degree (specify) _____		From: ____ to ____ ----- Duration of Degree _____		
Bachelor Degree (specify) _____		From: ____ to ____ ----- Duration of Degree _____		

Academic Distinctions / Honors / Awards / Prizes: \_\_\_\_\_

\_\_\_\_\_

Recent Publications (use additional page if necessary): - \_\_\_\_\_

\_\_\_\_\_

Recent Presentations / Guest Lectures (use additional page if necessary): \_\_\_\_\_

\_\_\_\_\_

**Employment Record:**

Total Years of full Time working Experience: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Cell / Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: - \_\_\_\_\_

Current Title: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Immediate Supervisor (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Previous Employer/ Organization: \_\_\_\_\_

Position Held (Exact Title): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Personal Record:**

Spouse Name: \_\_\_\_\_

Residence Address: - \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Personal emails: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_