To: The Controller of Examinations
National Defence University, E-9, Islamabad

Sir,

I request for permission of change of my subject of _________ Semester, of the National Defence University, Islamabad. The necessary Particulars are given below:-

1. Name:__________________________________ __________________________________
2. Father's Name: _____________________________________________________________
5. Department:      __________________________ 6. Program________________________
7. a. Courses have been offered by my Dept in the current semester Fall/Spring ______
     b. Courses I want to replace with
     a. __________________________
     b. __________________________
     c. __________________________
     d. __________________________
     e. __________________________

     8. Date of start of commencement of classes:________________________

9. I undertake to abide by the rules and regulations of the National Defence University Islamabad.

**Note:** A student may change/drop course(s) within 15 days from the commencement of semester on the recommendations of the teacher and the HoD of the University's department/college or a constituent/affiliated Institute/Center/college concerned. No change or drop of the registered course(s) shall be allowed after 15 days of the commencement of semester. Please attach copy of receipt of fee for current semester.

DATED: ________________________

SIGNATURE OF APPLICANT

10. I allow the student to change the course at para 7 ( ) offered by the dept
Teacher Concerned (Name):________________________________________________________
    (Signature): _________________________________________________________________
    Head of Dept

11. I allow the student to select the course being taught by me at the dept of __________________________
Teacher Concerned (Name):________________________________________________________
    (Signature): _________________________________________________________________
    Head of Dept

12. The above named student is allowed/ not allowed to change the course. The request of the student is in order. Finance Branch please collect/receive fee of Rs. _______(Repeat Course/ Additional Course) in addition to Semester Charges of Rs. __________________________.

Signature of DD Finance (HEC component)

For Examination branch

__________________________________  __________________________
Date                                     Asst Controller of Examinations
                                          For Controller of Examinations