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| **APPLICATION FORM FOR CHANGE OF BRANCH IN SECOND YEAR**  **(Revised on May 2019)** | | | | | | | | |
|  |  |  | | | |  | |  |
| 1. | Name in full: | **Mr/Ms………………………………..........** | | | | Regn. No. | | **……………** |
| 2. | Parent’s name (F/M/G#): | **……………………………………..............** | | | | Phone No. | | **…………….** |
| 3. | Dept./Branch | **……………………………………..............** | | | | Sem/Sec. | | **………** |
| 4. | Email ID | **……………………………………..............** | | | | Phone No. | | **…………** |
| 5. | Hosteller/Day scholar. If hosteller, specify the Hostel/Room No: **…………………………………..** | | | | | | | |
| 6. | Reason(s) for requesting the change of Branch**:…………………………………………………….** | | | | | | | |
| 7. | Preference of branches for change: | | | 1**……………………………………………………**  2**……………………………………………………**  3**……………………………………………………** | | | | |
| 8. | Supporting Documents attached.  Letter from parents consenting the change of branch: Yes/No | | | | | | | |
| 9. | Signature of the student: **………………………………………** | | | | Date: | | **……./….../……** | |
|  |  | |  | |  | |  | |
| 10. | Recommended by HOD/ Associate Director (A)\*: **…………………….……..** Date:**………………** | | | | | | | |
| 11. | Approved by Director: **………………………………………………….**Date: **…………** | | | | | | | |
| **12. Duly filled in application should be mailed to** [**adoffice@smit.smu.edu.in**](mailto:adoffice@smit.smu.edu.in) **regarding any other queries student can contact Associate Director (A)/ Assistant Registrar (Acad). [Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270, 223, 224]** | | | | | | | | |

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