



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 Phone No.
 (F/M/G#):
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.
 - (i) 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 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]

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable
 * Associate Director (A) only for 1st. year students and HODs for Higher semester students.

