



**BRAC University  
Inter Department Transfer Form**

**(Attach copies of Grade Sheets of all semesters completed and submit a list of courses you want to transfer in the reverse side of this form.)**

Name of the Student: \_\_\_\_\_ Present ID \_\_\_\_\_

Present Dept: \_\_\_\_\_ Present Program: \_\_\_\_\_

Proposed Dept: \_\_\_\_\_ Proposed Program: \_\_\_\_\_

Reason for seeking transfer: \_\_\_\_\_  
\_\_\_\_\_

CGPA: \_\_\_\_\_ on completion of \_\_\_\_\_ credits.

Signature of the student \_\_\_\_\_ Date \_\_\_\_\_

**Previous Record of Inter Department Transfer if any: Yes  No  , if Yes then,**

Old Department/Program \_\_\_\_\_ Old ID \_\_\_\_\_

**Minimum Requirements for Following Courses/ Programs to Transfer:**

<b>Programs</b>	<b>Required subjects in HSC/A LEVEL Results</b>
CS, Mathematics	Mathematics
EEE, ECE, CSE, APE and Physics	Physics & Mathematics
Biotechnology, Microbiology & Pharmacy	Biology and Chemistry

- Mathematics
- Physics
- Biology
- Chemistry

*(For Office Use)*

Acceptable / Not acceptable

Approved / Not Approved

\_\_\_\_\_  
Chairperson, Accepting Dept.

\_\_\_\_\_  
Chairperson, Releasing Dept.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Seal of the Dept.)

(Seal of the Dept.)

