



Date: _____

ABASYN UNIVERSITY ISLAMABAD CAMPUS
“APPLICATION FORM FOR STUDENTS”

Personal Information

Name _____ Class of (Program & Semester) _____

Student ID # _____

Phone # _____ Email _____

All requests will be processed within 3 to 5 working days, longer during peak periods.

Information Requested

- Transcript*
- Leave*
- Program Transfer*
- Campus Transfer*
- Admission Fee/ Tuition Fee Refund (s)*
- University Leaving Certificate*
- Other (please indicate) _____*

Reason (If Required)

Student's Signature _____

Refer to

- Department of Engineering
- Department of computing and Technology
- Department of Management Sciences
- Graduate Studies and evening Programs
- Department of Life Sciences
- Administration

For Office Use Only

Decision _____

Date Received _____ Date Complete _____ Processed By _____

Islamabad Campus

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