



PROGRAM TRANSFER / SPECIALIZATION CHANGE REQUEST FORM

(Regular Intake 2025 Students)

Student Information

- Student Name :
- Student Reg. No. (SA No):
- NIC / Passport Number :
- Contact Number :
- Email Address :
- Current Centre :
(Colombo / Kandy Uni / Kurunegala/ Northern Uni)
- Program Name :
- Current Intake :
- Current Year & Semester :

Current Specialization Details

- Current Specialization:

Requested Transfer / Specialization Change Details

- Requested New Specialization :
- Requested Effective Year & Semester :
- Reason for Specialization Change :
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Student Declaration

I hereby confirm that the above information provided is accurate. I understand that the specialization transfer is subject to approval based on academic requirements, seat availability, and institutional policies. I also understand that additional modules/bridging subjects may apply based on the new specialization requirements.

Student Signature:

Date: