



ALLAMA IQBAL OPEN UNIVERSITY

(Directorate of Admissions & Mailing)

Choice of Programme to Continue

Name: _____

Father Name: _____

CNIC: _____

Cell Number: _____

Address: _____

Programme-1	Programme-2	Programme-3
Reg. No. _____	Reg. No. _____	Reg. No. _____
Roll No. _____	Roll No. _____	Roll No. _____
Program: _____	Program: _____	Program: _____
1 st semester: Spr/Aut _____	1 st semester: Spr/Aut _____	1 st semester: Spr/Aut _____
Number of courses Passed: _____	Number of courses Passed: _____	Number of courses Passed: _____

I hereby give my consent to continue Programme (write program name) _____

Other programs may be discontinued.

(Students Signature)

Note: Attach copy of CNIC and send this form to following Address

Assistant Registrar (G)
Directorate of Admissions
Block No. 4 AIOU H-8
Islamabad