



Center For Advanced Studies in Engineering

Sir Syed Memorial Building, 19 Ataturk Avenue, G-5/1, Islamabad
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Change of Distance Learning Status

Instructions: If you are changing your status from “On-Campus” students to “Distance Learning” student or vice versa, kindly provide us with complete mailing address where you would like to receive your lecture CDs and other class materials. In case of a temporary change, kindly fill in the start and end dates. If you are converting your status from “Distance Learning” to “On-Campus”, again, please don’t forget to mention effective dates and affected courses.

Charges: Rs. 4,000, 6,000, & 8,000 for 1,2, & 3 courses respectively for distance learning. Mail or hand deliver this form duly filled in along with proof of submission of all dues. **Form will not be accepted without proof of submission of dues.**

CASE Roll No: _____

Name: _____
 First Middle Last

Program **Department**
 M.Sc. Computer Engineering
 Ph.D. Engineering Management
 Continuing Education

Semester: Spring Summer Fall 20__

New Mailing Address for DL: _____

Work Phone Number: _____

Home Phone Number: _____

Mobile Phone Number: _____

E-Mail: _____

Affected Courses	Converting To		Effective Dates	
	On-Campus	DL	From	Till
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

You must submit fee for the added course(s) and check (✓) whether you want to carry forward or need a refund of the surplus amount if any:

Amount Paid: _____ Receipt/Postal Order/Draft No: _____

Refund Carry forward

PLEASE READ THE FOLLOWING AND SIGN: I clearly understand that I will inform the CASE administration if and when any of the information provided above is changed. I will be responsible for all financial liabilities arising due to these requested changes in course status.

Signature: _____ **Date:** _____

For Office Use Only

Received by: _____ Date: _____
 D.L. _____ Date: _____
 D.B. _____ Date: _____

Accounts: Initial amount _____ Amount added/deducted _____ Current total _____

Balance _____ Actual refundable amount _____

Please refund the amount mentioned above: Chairman _____ Finance: _____

Change of Registration Status Form

Student’s Name: _____ CASE Roll No: _____

Course Name	On-Campus	DL	From	Till
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Accounts: Initial amount _____ Amount added/deducted _____ Current total _____

Balance _____

Received by: _____ Date: _____