



**Group Change Request Form  
For MBBS Students Only**

Registrar's Office  
Email: [student.records@aku.edu](mailto:student.records@aku.edu)

THE AGA KHAN UNIVERSITY

**To be completed by the student making the group swap request:**

Student Name:		Student ID:	Graduating Year:
Email Contact:		Cell No:	
<b>Swap for: (Select One)</b> Year 3 groups <input type="checkbox"/> Year 4 groups <input type="checkbox"/> Year 5 groups <input type="checkbox"/>	State the Group No. assigned to you: <input type="text"/>	<b>Request for: (Select One)</b> <input type="checkbox"/> Change of Groups for all rotations <input type="checkbox"/> Change of Group for any specific (two) rotations. <i>Mention rotation and group # here:</i> _____ <input type="checkbox"/> Change of Group within rotation (Sub-Group Change): <i>Mention rotation and group # here:</i> _____	
	Switching the Group to: <input type="text"/>		
Please provide the reason for the swap and include relevant supporting documents with this request form:			

**To be completed by the student swapping:**

Student Name:		Student ID:	Graduating Year:
Email Contact:		Cell No:	
State the Group No. assigned to you: <input type="text"/>	<b><i>Consent: I hereby authorize the Registrar's Office to proceed with this group change request:</i></b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Switching the Group to: <input type="text"/>			

***I have read and understood the group change policy available in the student handbook and agreed with the same.***

Signature of the Requestor Student	Date
Signature of the Student Swapping	Date

**To be completed by Registrar's Office:**

<b>Request Approved:</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for disapproval: _____	
<b>Student Informed about the decision:</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____	
_____ Official Signature	_____ Date