

# SPECIALIZATION FORM

Roll No: .....

Name: .....

CGPA (current) .....

## AREA OF SPECIALIZATION

<p><b><u>Please Select One</u></b> (First Preference)</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Information Technology</p>	<p><b><u>Select Second Preference</u></b> (Optional)</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Information Technology</p>
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Principles of Accounting Grade \_\_\_\_\_ Principles of Marketing Grade \_\_\_\_\_

Business Finance Grade \_\_\_\_\_ Programming Fundamentals Grade \_\_\_\_\_

Number of courses completed till date:

Approved

Rejected

Comments.....  
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Program Coordinator

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Date

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Student's Signature