

CHANGE OF PROGRAMME FORM

APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Current Programme : _____

New Programme : _____

Intake Session : _____ Current Session : _____

Signature : _____ Date : _____

* Please attach a copy of SPM/STPM or equivalent results from previous institution

INTERNATIONAL STUDENT CENTRE	NEW FACULTY	CURRENT FACULTY
Signature & Verification Date:	Signature & Verification Date:	Signature & Verification Date:
STUDENT FINANCE UNIT	MARKETING & ADMISSION OFFICE	RECORDS & CONVOCATION UNIT
Signature & Verification Date:	Signature & Verification Date:	Signature & Verification Date:

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