

# CHANGE OF PROGRAMME FORM

## APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Current Programme : \_\_\_\_\_

New Programme : \_\_\_\_\_

Intake Session : \_\_\_\_\_ Current Session : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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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