|  |  |
| --- | --- |
|  | PERKHIDMATAN UTAMASISWAZAH PEJABAT TIMBALAN NAIB CANSELOR (AKADEMIK & ANTARABANGSA) |
| APPLICATION FOR CHANGE OF PROGRAMME/STRUCTURE/FIELD OF STUDY/ ADVISOR FOR NEW STUDENT |

|  |
| --- |
| **TO BE COMPLETED BY THE APPLICANT**  |
|  |
| Please tick (√) in the box provided: |
|  |  |  |
| 1. Full Name
 | : |  |
| 1. I.C No. /

Passport No. | : |  | 1. E-mail Address
 | : |  |
| 1. Programme offered
 | : | Choose an item.  | 1. Semester offered
 | : | Choose an item. |
| 1. Faculty/Institute
 | : | Choose an item. | 1. Offer Status
 | : | Choose an item. |
| 1. Details of Transfer
 | : |  |  |  |  |
|  | Details | Current | New |  |
|  | Faculty/Institute | Choose an item. | Choose an item. |  |
|  | Programme |  |  |  |
|  | Structure | Please click here to choose an item | Please click here to choose an item |  |
|  | Field of Study |  |  |  |
|  | Advisor |  |  |  |
|  | Semester |  |  |  |
|  |  |  |  |  |  |
| 1. Please state reasons for application:
 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| 1. Date apply
 | : | Click here to enter a date. |
|  |  |  |
| 1. Advisor Comment
 | : |  |
|  |
|  | **Comment of current Advisor / Supervisor:** | **Comment of new Advisor/ Supervisor** |  |
| ason |  |  |  |
|  |  |  |  |
|  | Name : | Name : |  |
|  | Department :  | Department :  |  |
|  | Tel. No. : | Tel. No. : |  |
|  | Date :  | Date :  |  |
|  |  |  |  |
| **FACULTY / INSTITUTE‘S SUPPORT(NEW)** |
| Status | : |[ ]  Supported |[ ]  Not Supported |
| Remark | : |  |
|  |  |  |
|  |  |  |
| Signature  | : |  |  |  |  |
| Name | : |  |  |  |  |
| Official Stamp | : |  | Date | : |  |
|  |  |  |

Note: The completed form should be submitted to Admission Unit for the new offer letter.