Form R-CP

APPLICATION FOR CHANGE OF PROGRAMME OF STUDIES

[Please read the 'Important Notes' before completing this Form]

STUDENT PERSONAL PARTICULARS

Name : _____

Student ID : _____

CHANGE IN PROGRAMME OF STUDIES

Current semester: January / July Year: _____

I wish to apply for a change in my programme of studies as follows:

Current Programme

Programme Code	Programme Name

New Programme

Programme Code	Programme Name

DECLARATION

I declare that all information given in this form is accurate and complete. I have read the Important Notes of this form and I agree to conform to the related Rules and Regulations of the University.

Signature of Student: _____ Date: _____

IMPORTANT NOTES

1. Please submit the completed form to your Regional Office.
2. You will be notified of your application status within a week from the date of receipt.

FOR OFFICE USE ONLY

☐ Approved ☐ Rejected

Remarks:

_____

_____

Processed by:

Name : _____
(Regional Office Manager)

Signature : _____

Date : _____

Authorized by:

Name : _____
(Registrar)

Signature : _____

Date : _____