



APPLICATION FOR CHANGE OF REGIONAL OFFICE

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

STUDENT PERSONAL PARTICULARS

Name : _____

Student ID : _____

APPLICATION DETAILS

Current Regional Office: _____ New Regional Office: _____

This change of Regional Office will be effective from semester: January / July Year: _____

Course(s) enrolled for current semester: _____

No.	Course Code	Course Title
1		
2		
3		
4		

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

- Please submit the completed form to your Regional Office.
- 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)

Authorized by:

Name : _____
(Registrar)

Signature : _____

Date : _____

Signature : _____

Date : _____