

*For Office Use Application Officer Name :

CHANGE OF PROGRAMME APPLICATION FORM

INSTRUCTIONS																	
Form must be submitted within two (2) weeks after commencement of the semester.																	
Please fill up the form completely. SECTION I (To be completed by student)																	
1. STUDENT'S PARTICULAR																	
NAME																	
(Capital Letter)																	
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MATRIC NO																	
		.2.	•								· •		_				
EMAIL CONTACT NO.																	
MAILING ADDRESS										-							
																	-
				3. PR	OGRA	MME	APPL	CATIC	N DE	ΓAILS							
Previous Programme :								Matri	c No.		:						
Intake :	revious Programme :take :																
							_	Latoo									-
Dlagge indicate vaur chai	oo of n	014/ P.FO	aromm														
Please indicate your choi	ce or ne	ew pro	gramm	ie.													
No.							Progi	ramme	е								
1																	
2																	
3																	
					_												
Semester : □ February ₋		□ Ma	ay/June	э	□	Septe	ember		_ 🗆 (Other_		(e.g:	☑ Jur	ne 2016	5)		
Reason for Change of F	rogram	ıme :															
Student's Signature ://																	
SECTION II (To be c	omple	ted b	y Sch	olars	hip Ma	anage	emen	t & Fir	nancia	al Ass	istan	ce Un	it)				
Please state name of the	organiz	zation	that aw	vards t	the sch	olarsh	nip										
	J										Reco	mmen	ided by	,			
-							-				. 1000		,				
D I .																	
Remarks												9	Signatu	ıre		-	
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										Date :	·	/_	/		_		

SECTION III (To be completed by Dean & De	eputy Vice Chanc	ellor)	
Recommended Programme:			_
Remark :			_
		Please tick (√)	<u>-</u> :
Recommended by		□ Approved	☐ Not Approved
,			##
Dean/ Director		Deputy Vic	e Chancellor
Date///	_	Date	//
*Application is subject to the APPROVAL of the SCI	HOLARSHIP BODIES		
SECTION IV (To be completed by Student			
Total Amount Chargeable : RM _		Payment Received :	RM
		Receipt No.	
Signature & Stamp		Invoice No.	
Name		Date	///
SECTION V (To be completed by Academic A APPLICATION STATUS: PROCESSED / PEI		epartment)	
Received from School	1		
Programme Offered :	/		
Informed/ Called/ Letter to Student	/	/	
Updated in SMS / PGS	/	/	
Intake : ☐ February ☐	⊐ May/June	□ September	
No. March No.			
New Matric No. :			
Processed by :		Date :/	/
(Name :)		
Verified by :		Date : /	/
(Name :)		
* New offer letter to be processed and issue	ed to student.		
IMPORTANT GUIDELINES			
Completed application form must be submit	tted together with t	the following documents:	
a. UNIRAZAK's transcrij	_	3 ******	
b. SPM/STPM/Diploma t			
c. Credit Transfer Appli	cation Form (FM	I-AA/SC-11)	